



2024 Summer Camp Payment Plan

☐ City Park Recreation Center

☐ Countryside Recreation Center

Primary Guardian's Last Name: _____ First Name: _____

Child's Last Name: _____ Child's First Name: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Email: _____ Group Name: _____

Payments are split into 3 installments

I hereby agree to the following payment plan for the 2024 Summer Camp in the total amount of \$ _____

1st payment due at registration including \$60 non-refundable registration fee \$ _____

2nd payment due March 7th \$ _____

3rd payment due April 4th \$ _____

Please print clearly and accurately.

Credit Card-

Credit Card Number: (First 4 and Last 4 digits only) _____ XXXX-XXXX _____

* Expiration Date: _____ 3 Digit Security Code: _____

* If expiration date is before payment date please call (303) 658-2219 to update your account.

* If the billing address of your card does not match the home address listed above, the card will not go through.

*** If the second payment doesn't go through you will need to pay the entire remaining balance in full.**

Billing: All fees shall be automatically deducted from the participant's credit/debit card

You may at any time pay the remaining dues owed to the City and cancel remaining withdrawals owed on the current contract.

Cancellation of automatic withdrawals does not relieve customer of contract obligation; customer is responsible for the entire balance stated in this contract.

The undersigned states that he or she has read and understands the terms of this agreement, agrees to be bound to this agreement, and acknowledges that he or she has received a copy of this agreement.

I have read and agree to the payment plan.

Signature: _____ Date: _____

Please email payment plan to cmcdonal@westminsterco.gov