



ADVENTURE VALLEY – SUMMER DAY CAMP

7015 Leslie Street
Thornhill, ON, L3T 6L6

www.adventurevalley.ca

905-731-CAMP(2267)

PAYMENT INFORMATION FORM

One of these forms is to be completed for each family.

Payment Options:

- **Early Payment Plan** – 5% discount – Deposit and post-dated cheque/Visa for the balance dated December 1, 2006.
- **May 1st Payment**– Deposit and post-dated cheques/Visa for the balance dated May 1, 2007.
- **Monthly Payment Plan** – Deposit and five equal post-dated cheques/Visa
(January 15, 2007 to May 15, 2007)
- **Payment in Full** – Please note: fees for campers registered after May 1, 2007 must be paid in full upon registration

Other Payment Considerations:

- **Save up to \$400** by OPTING OUT OF OUR BUS TRANSPORTATION – deduct \$50/camper/week
- Sibling Discount - A 5% discount off fees for each camper after the first in the same immediate family. The discount will apply to the lower camp fee, if applicable.
- Insurance policy for extended absences due to a doctor-verified illness or injury - \$10/camper/week

Would you like to **opt out** of bus transportation for your camper(s)? ☐ Yes ☐ No

Would you like to purchase the extended absence **insurance**? ☐ Yes ☐ No

Methods of Payment:

- Cash (please sign up in person – do not send cash in the mail)
- Cheque (All cheques to be made payable to Adventure Valley – please call the office for precise total amounts prior to sending in your cheques)
- Visa

Deposit Payment (\$400/camper at time of registration): ☐ Cash ☐ Cheque ☐ Visa

Please check one of the following payment options:

Early Payment Plan: ☐ Cash ☐ Cheque ☐ Visa

May 1st Payment: ☐ Cash ☐ Cheque ☐ Visa

Monthly Payment Plan: ☐ Cash ☐ Cheque ☐ Visa

Payment in Full: ☐ Cash ☐ Cheque ☐ Visa

VISA AUTHORIZATION:

Visa #: _____ Expiry Date: ____ / ____

Print name as shown on card: _____ Authorized Signature: _____

Please note: It is your responsibility to notify the camp office with any card # or expiry date change.

Declined Visa payments are subject to a \$25.00 service charge.

FOR OFFICE USE ONLY:

Deposit: _____

Feb 15: _____

Dec 1: _____

Mar 15: _____

May 1: _____

Apr 15: _____

Jan 15: _____

May 15: _____