



Camp Imagination

Automatic Credit Card Payment (optional)

Child's Name(s): _____

Parent/Guardian Name: _____

Mailing/Billing Address: _____

Phone number(s): _____

I authorize The Bristol Boys & Girls Club to charge my credit card for payments pertaining to my child's enrollment in Camp Imagination at the Imagine Nation Museum. I understand that all payments will be charged prior to the services rendered.

Please select one of the following options.

___ **Weekly Automatic Payment** (charged each Friday for the upcoming week's tuition)

___ **Single Payment** (payment in full for tuition, charged prior to the start of the first week)

Credit Card Information:

___ MasterCard ___ Visa

Card holders name (as it appears on the card): _____

Credit card number: _____

Expiration date: _____

Security number: _____
(3 numbers on back of card)

Card holders signature: _____

Date: _____

This authorization form expires on 8/31/11

PLEASE RETURN IN A SEALED ENVELOPE TO: Imagine Nation Museum
One Pleasant Street
Bristol, CT 06010