

91st year

CAMP OUAREAU

P.O. Box # 1090, Saint Donat, Québec, J0T 2C0

Tel. : (819) 424-2662 ● Fax : (819) 424-4145 ● E-mail : info@ouareau.com ● www.ouareau.com

PAYMENT FORM - 2012

I _____ wish to pay for the following charges:
(Printed Name)

Summer camp: Deposit and/or Camp fees for: _____
Daughters Name

Women's weekend - if paying for a friend: _____
Friends Name

Yoga & Hiking weekend - if paying for a friend: _____
Friends Name

Credit card information:

Name of Card holder: _____
(First name - initial - Last Name)

Type of Card: Visa
 MasterCard

Address on credit card account: _____

Credit card #: _____

Security Code: _____

Expiry date: _____ / _____
(Month / Year)

Tel # of card holder: (_____) _____

E-mail address: _____

For confirmation of payment

Summer camp

I, _____ authorize Camp Ouareau Inc. to charge my credit card above for the following amounts.
(Card holder's full name)

Deposit- (2 weeks sessions or more) \$500.00/ per camper in Canadian funds will be charged as of: _____ / _____ / _____
(dd / mm / yyyy)

Deposit- (5 day sessions) \$100.00/ per camper in Canadian funds will be charged as of: _____ / _____ / _____
(dd / mm / yyyy)

Balance of camp fees- Summer 2012 _____ \$ in Canadian funds will be charged as of: **May 1st, 2012**

Balance of camp fees- Summer 2011 _____ \$ in Canadian funds will be charged: **on reception**

Other

Women's Weekend 2012 _____ \$225.00 \$ in Canadian funds will be charged: **on reception**

Yoga & Hiking Weekend 2012 _____ \$225.00 \$ in Canadian funds will be charged: **on reception**

Signature _____

Signed on: _____
(dd / mm / yyyy)

YOU MAY FAX IN THIS FORM AT 819-424-4145

PLEASE DO NOT SEND ANY INFORMATION FOR CREDIT CARD PAYMENT BY E-MAIL. IT IS NOT A SAFE METHOD OF TRANSMISSION.