



**PARENT/GUARDIAN PAGE**

Primary Parent's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Occupation/Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Marital Status \_\_\_\_\_

Other Parent(s) \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Occupation/Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Camper Resides With: \_\_\_\_\_

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**BILLING INFORMATION**

Name of the person to whom billing should be directed \_\_\_\_\_  
Address (if different than above) \_\_\_\_\_  
City, State, Zip code \_\_\_\_\_

The person listed above assumes responsibility for payment of all fees applicable to the program.

**A minimum deposit of \$250 for each session is due with the enrollment form (\$100 for basketball and wrestling camps).**

Enrollment deposits are **NOT REFUNDABLE**, except in emergencies, which are defined at the discretion of the Director of Summer Programs.

The balance for any of the sessions is due by **June 1<sup>st</sup>, 2010**. Balances are **non-refundable** upon submission. Partial refunds may be made only in a situation considered an emergency by the Director of Summer Programs.

**PAYMENT OPTIONS**

\_\_\_\_\_ 1. Deposit check # \_\_\_\_\_ enclosed. Checks payable to Mercersburg Academy – Summer Programs.  
A check for the balance due will be sent **prior to June 1<sup>st</sup>, 2010**.

\_\_\_\_\_ 2. Credit card deposit

Charge a deposit of \$ \_\_\_\_\_ to the following:

Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

Credit card number \_\_\_\_\_

Expiration date (Please make sure card is valid through June 2010) \_\_\_\_/\_\_\_\_

Name (please print name as it appears on the card) \_\_\_\_\_

\_\_\_\_\_ Please charge the balance for the tuition to this card **on June 1<sup>st</sup>, 2010**

\_\_\_\_\_ Do not charge the balance due to this card. I will make payment through other means **by June 1<sup>st</sup>, 2010**.

**NOTE:** Unpaid balances will be assessed a **5% late fee** after **June 1, 2010**. If a credit card payment is denied by the card company, a **\$25.00 processing fee** will be assessed and another form of payment must be submitted immediately upon notification of the denial.