



Automatic Payment Program Enrollment Form

Please fill out the following information and return this agreement to Amy Payton or Amy West.

I authorize to allow The Williamsburg Indoor Sports Complex to charge the credit card number listed below for my child's camp fees. I understand that my card will be charged on the first day of the weekly camp that my child(ren) are enrolled. If at any time I wish to terminate this agreement, I will notify WISC in writing within 1 month. I understand this information will be kept in a secure location and will be shredded upon the completion of the 2009 WISC Sport Camp season.

Account Number

Expiration Date (MM/YY) 3 Digit Code

Name on card _____

Billing Address _____

Billing Zip code _____

Child's Name _____

Child's Name _____

Child's Name _____

Signature _____ Date _____

Staff Signature _____ Date _____