



CAMP GRADY SPRUCE

Camp Store
Credit Card Purchase
Please print clearly all information.
(except signature)
Thank you!

ONE FORM IS REQUIRED FOR EACH CAMPER.

Name of Camper _____

Session Attending _____

Store Account Limit _____

Please circle type of card: MC Visa AMEX Discover

Name on credit card: _____

Address: _____ City, State: _____ Zip: _____

Cell# _____ Email _____

Purchaser Sign here: _____ Date: _____

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

Camp Store will be available all week for campers.

Monies will be charged to card the following week.

Total \$ _____ Name of YMCA staff _____

(Tear Along Line)

Card Number: _____ Expiration Date: ____/____

***CV Number _____ (3 or 4 digit number on back of card or front if AMEX)**