



Recurring Credit Card Payment Authorization

Please complete this form to authorize regularly scheduled charges for Summer Camp 2024 payments to your credit card. You will be charged the amount indicated below each billing period for the selected weeks via Stripe. A receipt for each payment will be provided to you via email and the charge will appear on your credit card statement. You agree that no prior notification will be provided.

To Be Filled Out by Parent/Guardian

I, _____, authorize Boys & Girls Clubs of St. Charles County (BGCSTC) to charge my credit card ending in (last 4 digits of card) _____ for \$_____ for the week(s) initialed below for 2024 Summer Camp. The weekly camp rate is \$135.00 for the first member and \$115.00 for each additional sibling. **My credit card will be charged by the due date for each week I initial.**

Member Name (1): _____ Member Name (2): _____

Member Name (3): _____ Member Name (4): _____

Week	Theme	Parent Initials	Charge Date
Week 1: June 3-7	Culture Week: Around the World		Monday, May 20
Week 2: June 10-14	Nature Week: Outdoor Adventures		Monday, June 3
Week 3: June 17-21	Art Week: Artrageous		Monday, June 10
Week 4: June 24-28	National BGC Spirit Week: Go Big Blue		Monday, June 17
July 1-5	Clubs Closed	Clubs Closed	Clubs Closed
Week 5: July 8-12	Water Week: Splash Bash		Monday, July 1
Week 6: July 15-19	STEM Week: Sci-Fi Exploration		Monday, July 8
Week 7: July 22-26	Youth for Unity Week: Leadership for Change		Monday, July 15
Week 8: July 29-Aug 2	Health Week: Mind, Body, Soul		Monday, July 22
Week 9: Aug 5-9	Career Week: When I Grow Up		Monday, July 29

I understand this authorization will remain in effect until 2024 Summer Camp is over. I authorize BGCSTC to charge my credit card one week before each week I selected. I agree to notify BGCSTC in writing of any changes to my account information or termination of this authorization at least 15 days before the next billing date. If the above-noted payment dates fall on a weekend or holiday, I understand the payments may be processed on the next business day. I acknowledge that the origination of credit card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

BGCSTC Office Signature: _____ **Date:** _____