PIERCE CAMP BIRCHMONT

Winter Address

37 Mineola Avenue

Roslyn NY 11576

Tel: (516) 621 5035

Fax: (516) 621 0489

Summer Address

693 Governor

John Wentworth Hwy

Wolfeboro

NH 03894-9652

Tel: (603) 569 1337

Fax: (603) 569 5813

Email Address

mail@campbirchmont.com

Website

www.campbirchmont.com

Owner-Directors

Gregory C. Pierce

Laura Pierce

Founders-Directors

Forrester W. Pierce Sr.

Forrester W. Pierce Jr.

Thomas T. Pierce

Three Generations Of Camping Excellence

ACCREDITED

NEW HAMPSHIRE CAMP DIRECTORS ASSOCIATION

PLEASE SNAIL MAIL, FAX or EMAIL THIS FORM TO
Judith Liddy JLiddy@campbirchmont.com

SUMMER 2012 CREDIT CARD AUTHORIZATION

I HEREBY AUTHORIZE PIERCE CAMP BIRCHMONT TO CHARGE MY

☐ **Visa** ☐ **MasterCard** ☐ **AMEX** ☐ **Discover card:**

[CHECK ONE]

BASED ON THE CAMP TUITION AGREEMENT, as checked off below:

☐ **UPON ENROLLING: $1000.00 DEPOSIT PER CAMPER WITH THE ENROLLMENT FORM**

☐ **JANUARY 1, 2012: $1500.00 PAYMENT PER CAMPER**

☐ **APRIL 1, 2012: BALANCE DUE**

NOTE: At the end of camp, you will receive a bill for any unpaid miscellaneous charges such as camp store, horseback riding, medical bills, etc., which will be automatically charged to your credit card.

Name on the Card:_____

[EXACTLY AS IT APPEARS ON THE CARD]

Credit Card Number: _____

CVV# (3 or 4 Digit Code): _____ Expiration Date: _____

Billing Address for the Credit Card:

Address _____

_____ _____ _____

[CITY/TOWN] [STATE] [ZIP CODE]

_____ _____

[CARD HOLDER'S SIGNATURE] **[DATE]**

CARDHOLDER'S EMAIL ADDRESS (FOR CONFIRMATION):_____