

# 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  
Wolfboro  
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



PLEASE SNAIL MAIL, FAX or EMAIL THIS FORM TO  
**Judith Liddy** [JLiddy@campbirchmont.com](mailto: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): \_\_\_\_\_