



PLEASE EMAIL THIS FORM TO NYSCDA
info@nyscda.org

OR

MAIL THIS FORM TO NYSCDA
New York State Camp Directors Association
c/o American Camp Association NY and NJ
108 W 39th Street, 15th floor
New York, NY 10018

2019 CREDIT CARD AUTHORIZATION

I hereby authorize New York State Camp Directors Association to charge my...

[CHECK ONE]

VISA

MASTERCARD

Name on the Card: _____

[EXACTLY AS IT APPEARS ON THE CARD]

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Billing Address for the Credit Card:

Address: _____

[CITY/TOWN]

[STATE]

[ZIP CODE]

[CARD HOLDER'S SIGNATURE]

[DATE]

CARD HOLDER'S email address [to receive confirmation]

Total Number of Campers: _____ Boys: _____ Girls: _____

_____ Private ~ Private Camps \$3.75/campers (Min. \$200 / Max. \$1250)

_____ Not for Profit ~ Not For Profit Camps ½ week's fee (Min. \$200 / Max \$800)

Total to be Charged \$ _____