

Grayslake Community Park District

240 Commerce Drive
Grayslake, IL 60030
(847) 223-7529
www.glpd.com



Automatic Payment – Summer Camp 2019

Last Name _____

Address _____ City _____ Zip _____

Cell Phone _____ Home Phone _____

Email _____

Participant Name	Camp Name	Balance Due Per Session	Total # of Sessions

Parent Acknowledgement

I authorize the Grayslake Park District to charge the credit/debit card listed below to pay for my child’s summer camp. I understand that my credit/debit card will be charged on the Friday before the camp session begins. If my credit/debit card is declined, I am aware that my child will be removed from camp immediately until my balance has been paid.

Print Child’s Name

Parent/Guardian Signature & Date

Circle One:	Visa	MasterCard	Discover Card
Cardholder #	_____ - _____ - _____ - _____		Exp. Date _____ / _____
Cardholder Name	_____		Amount of Charge \$ _____
Authorized Signature	_____		

This is approved for Early Bird, Day Camp, Sports Camp, GoGirlGo! Camp, Teen Sports Camp, Breakaway Camp and Stay & Play ONLY!!