



Sent From: _____
Name: _____
Phone: _____
Fax: _____

Sent To: _____	Camp Echo Office
Company: _____	Camp Echo
Fax: _____	1-201-652-7002
Date: _____	

Transmission contains 1 page.

Please complete and sign this form and mail or fax it with your enrollment form if you would like to charge your deposit or other payment to your credit card. **Note: this form must be filled out to completion (including address and authorization code) in order to process your transaction. Declined charges will incur a \$30 bank fee.**

Credit Card Authorization

Card type Visa MasterCard Discover

Card Number

Expiration Date

Three-digit Authorization Code (found on the back of your card)

Cardholder's Name

Billing Address

Amount to be charged: \$

Camper Name(s)

I authorize Camp Echo to charge my credit card as listed above for the amount shown.

Signature Date

Mailing Address
P.O. Box 1143
Ridgewood, NJ 07451

On the Internet
www.CampEcho.com