

Name \_\_\_\_\_  
Program/Session \_\_\_\_\_  
City, State \_\_\_\_\_

MERROWVISTA 2010  
PAYMENT/ACCOUNT FORM  
To be completed by Parent/Guardian

PAYMENTS AND ACCOUNTS

Please complete amounts and method of payment in sections below – (Please do not send form without payment)

\$ \_\_\_\_\_ **Four Trails Trip Money\*\*.** (See our Parent Handbook for suggested amount).  
\$ \_\_\_\_\_ **Camp Store Account.** (Recommended \$30 a week for in camp campers and Four Trails campers might want money for trip necessities and camp souvenirs)  
\$ \_\_\_\_\_ **Airport Shuttle.** (Manchester Airport \$35 one-way/\$70 round trip)  
(Boston Logan International only \$40 one-way/\$80 round trip)  
\$ \_\_\_\_\_ **Airport Travel pocket money. (Required for Airport Travel Only)**  
  
\$ \_\_\_\_\_ **Total Amount Enclosed**

\*\***Four Trails Trip Money:** Four Trails campers are allowed pocket money on trips, especially on bike trips. Please see handbook for more details on camper cash limits and suggested amounts.

CAMP STORE REFUNDS

**Dare to Share** – Please check here if you would like to donate the balance of your child’s store account to the AYF scholarship fund. A letter acknowledging your gift and the amount will be sent to you in the Fall. Thank you for your generosity.

\*Please be sure to check the box below

I understand that parents are responsible for additional expenses that may be incurred during the camp session, including prescription medications, physician or hospital co-pay, uninsured or underinsured medical fees, overweight baggage fees at airport, unaccompanied minor fees at airport, trip equipment or gear needs, equipment damage or lost items, trunk shipping.

Please check one of the following method of payments:

1) \_\_\_\_\_ Check here to use credit card on file for tuition.

2) \_\_\_\_\_ I do not have a credit card on file, please use the credit card below:

VISA     MC     DISCOVER     AMEX

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Credit Card Number

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Exp. Date                      Cardholder Signature                      Please Print Name

3) \_\_\_\_\_ I am enclosing a check: Check #: \_\_\_\_\_

Please complete and mail all forms no later than April 10, 2010 to:  
AYF– Merrowvista, Registrar, 147 Canaan Rd, Ctr Tuftonboro NH 03816