Name _____

Program/Session _____

City, State _____

MERROWVISTA 2012
PAYMENT/ACCOUNT FORM

To be completed by Parent/Guardian

PAYMENTS AND ACCOUNTS

Camper accounts are used for camp store purchases, such as personal trip gear, stamps, toiletries, and incidentals that may arise during the session.

**Four Trails Trip Money: Please see the camper handbook for more information.

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

$_____ **Four Trails Trip Money****. We will deduct the following amounts for each camper from their store account for cycling and Odyssey hiking trips: Explorers: $30, Adventurers: $50, Voyageurs: $100, Odyssey: $30.

$_____ **Camp Store Account**. We recommend the following amounts per session for camper incidentals: $20 total for Pioneers/Discoverers, $30 total for Trailblazers, and $60 total in addition to trip money for Four Trails campers.

$_____ **Airport Shuttle**. (Manchester Airport $35 one-way/$70 round trip)
(Boston Logan International only $40 one-way/$80 round trip)

$_____ **Airport Travel Departure Pocket Money**. (Required for Airport Travel Only)
(Only an option if departing by Airport Shuttle)

$_____ Total Amount Enclosed

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

❒ 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 or lost and found 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 ❒

_____–_____–_____–_____
Credit Card Number

_____ _____ _____
Exp. Date Cardholder Signature Please Print Name

3) _____ I am enclosing a check: Check #: _____

Please complete and mail all forms no later than April 15, 2012 to:
AYF— Merrowvista, Registrar, 147 Canaan Rd, Ctr Tuftonboro NH 03816