

Western North Carolina Down Syndrome Alliance
2010 Camp & Enrichment Program
Payment Form

(Complete for each camp-enrichment program request)

Child's Name _____ Age _____

Parent's Name _____

Mailing Address _____

Name of Camp or Enrichment Program _____

Address _____

Telephone Number _____

Type of Program (day or overnight) _____

Dates Child Will Attend _____

Tuition amount _____

Payment Options

- 1) _____ Mail directly to Camp-Enrichment Program
- 2) _____ I have paid tuition, receipt attached or scanned. Please reimburse me directly.

Date _____