



A Brylee Corp

For Payment of Child Care at Smokey Hollow Day Camp

Amount \$ _____

Date _____

I authorize the above amount to be charged to my Visa/Master Card (we do not take American Express, nor Discover). This charge will show up on my monthly statement as SMOKEY HOLLOW CAMPGROUND.

Name: _____

Address: _____

City, State, Zip: _____

Telephone: ____ - ____ - _____

Visa or Master Card (circle one)

Account #: _____

Exp. Date: ____/____

Signature / Date

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Call 608-635-4805 * E-mail: camp@smokeyhollowdaycamp.com