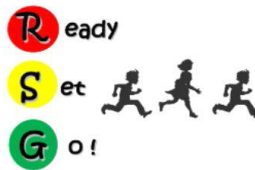


Westford Parks & Recreation

CHARGE CARD AUTHORIZATION FORM

SUMMER 2017

~ Destination Exploration ~ Kids Club ~ Leadership ~
~ Ready, Set, Go! ~ Summer Beach Party ~ Venture Out ~



Completing this form will eliminate the need to submit duplicate forms for any added days/weeks/sessions/activities. Additional days/weeks/sessions/activities may be requested via telephone (978-692-5532), fax (978-392-4471), or email (summer_recreation@westfordma.gov).

Program sites/staff cannot accept these requests.

Please Note: Each program requires a separate registration form.

Child's Name: _____

Program(s): _____

Child's Name: _____

Program(s): _____

Child's Name: _____

Program(s): _____

Child's Name: _____

Program(s): _____

Cardholder Information

Please Circle: MasterCard Visa

Name on Card: _____

Card Number: _____ Expiration Date: ____/____ CVV: _____

Telephone (best # to reach): (____) _____ - _____

I, _____, authorize Westford Recreation, to charge my credit/debit card as I certify that I am the authorized holder and signer of the credit/debit card reference above and that all information is complete and accurate. I hereby authorize collection of payment for all charges indicated on my child(ren)'s registration form(s) and for any additional days/weeks/sessions/activities I opt to have my child(ren) participate in, if applicable, as well as any late fees that I may incur. Weekly payments will be processed on the Thursday prior to program start date.

Signature: _____ Date: _____

Westford Parks & Recreation will keep all information entered on this form strictly confidential. Once final payment has been processed, this form will be destroyed.