RYE Y CAMP 2025
PAYMENT PLAN FORM

| Child's Name: | Best Phone #: |
| | Email Address: |

PRIMARY BILLING METHOD:

Full Name on Credit Card	Card #	Exp Date
Street Address	Circle type: Visa MasterCard Amex Discover	Zip Code

ALTERNATE BILLING (this method of payment will be used in the event your primary billing method is declined)

Full Name on Credit Card	Card #	Exp Date
Street Address	Circle type: Visa MasterCard Amex Discover	Zip Code

CAMP REGISTRATION DATES:
Members: February 5, 2025; Non-Members: March 5, 2025
Camp Refund Deadline: May 15, 2025

1. Children must be members of the Rye YMCA in order to register for camp during member registration and receive the member rate **(membership may not be broken up into payments).**
2. Y Cares participants with active scholarships upon registration may take advantage of Rye Y Camp payment plans.
3. Payment plans may be broken up in four installments, maximum. Your child's spot in camp will not be secure, until initial payment is made. The first portion of your camp payment must be on the day you submit this form/ register for Summer Camp 2025.

PAYMENT PLAN DATES (Please fill in any 3 dates after registration date for automatic billing – last date must be no later than May 15):

Payment Date	Amount	Payment Complete (Rye Y Office Only)
/ / (Registration Date)	$	☐
/ /	$	☐
/ /	$	☐
/ /	$	☐
Total Amount Due Summer 2025:		

I understand that my total camp balance <u>must be completely paid no later than May 15, 2025</u> or my child will not be able to participate in the Rye Y Summer Camp Program. In the event there are any changes to my registration, my last payment will be higher or lower accordingly. I understand that the Rye Y will charge any remaining balance, regardless of adjusted amounts on <u>May 15, 2025.</u>
I will update the Rye Y with new payment information if my credit/debit card should change. I also understand that any declined transactions without notification must be remedied within a business day (24 hours) or my child's registration may be withdrawn.

_____
Printed Name   Signature   Date

RYE Y OFFICE SIGNATURE: DATE: