



Credit Card Payment Form

Camper Name(s) _____

Amount to be Charged \$ _____

Name on Card _____

Credit Card Type (please circle) Visa MasterCard

Credit Card Number _____

Expiration Date _____ Security Code _____

Signature of Card Holder _____

Please return this completed form to:

AACS Summer Programs
109 Burns Crossing Road
Severn, MD 21144