

METHOD OF PAYMENT

CASH CHECK CREDIT CARD # _____ EXP ____ / ____
CVV _____ Billing Zip Code _____

TCR CAMPS OFFICE USE ONLY

<u>TCR Tennis/Golf/Young Olympians Locations</u>	<u>CMSV Location</u>
Total Cost _____ Deposit _____	Total Cost _____ Deposit _____
Paid in Full: <input type="checkbox"/> Date App Taken _____	Paid in Full: <input type="checkbox"/> Date App Taken _____
PMT Plan Due: <input type="checkbox"/> In Full June 1st <input type="checkbox"/> 1/2 May 1st, 1/2 June 1st	PMT Plan Due: <input type="checkbox"/> In Full June 1st <input type="checkbox"/> 1/2 May 1st, 1/2 June 1st
Payment Amount: __ x _____	Payment Amount: __ x _____
Payments Scheduled <input type="checkbox"/> Roster <input type="checkbox"/>	Payments Scheduled <input type="checkbox"/> Roster <input type="checkbox"/>
Confirmation Sent <input type="checkbox"/> Package in FM? _____	Confirmation Sent <input type="checkbox"/> Package in FM? _____
Staff Initials _____	Staff Initials _____