

Girl Scouts of Virginia Skyline Council, Inc.

Summer Camp Credit Card Charges

Camp Registrar Instructions: Complete all information by transferring from camper registration form and mail to: GSVSC, 3663 Peters Creek Rd., Roanoke, VA 24019 OR
 Fax to: 540-777-1151

Name of Camp:

Camper's Name:	Phone Number: () -
Registrar's Name:	Day Phone: () -
Check One: Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/>	Amount of Charge: \$ _____
Credit Card Number: _____ - _____ - _____ - _____	Exp. Date ____/____ 3 Digit Code: _____ <small>(from back of card)</small>
Cardholder's Name:	
Cardholder's Street Address:	
City:	State: Zip:

Camper's Name:	Phone Number: () -
Registrar's Name:	Day Phone: () -
Check One: Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/>	Amount of Charge: \$ _____
Credit Card Number: _____ - _____ - _____ - _____	Exp. Date ____/____ 3 Digit Code: _____ <small>(from back of card)</small>
Cardholder's Name:	
Cardholder's Street Address:	
City:	State: Zip:

Camper's Name:	Phone Number: () -
Registrar's Name:	Day Phone: () -
Check One: Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/>	Amount of Charge: \$ _____
Credit Card Number: _____ - _____ - _____ - _____	Exp. Date ____/____ 3 Digit Code: _____ <small>(from back of card)</small>
Cardholder's Name:	
Cardholder's Street Address:	
City:	State: Zip:

Camper's Name:	Phone Number: () -
Registrar's Name:	Day Phone: () -
Check One: Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/>	Amount of Charge: \$ _____
Credit Card Number: _____ - _____ - _____ - _____	Exp. Date ____/____ 3 Digit Code: _____ <small>(from back of card)</small>
Cardholder's Name:	
Cardholder's Street Address:	
City:	State: Zip: