



CREDIT CARD AUTHORIZATION FORM

2019 SPARC Summer Programs

SPARC Office
Phone - 417.837.5737
Fax - 417.719.7984

NOTE - If multiple children are attending different weeks, please complete a separate Credit Card Authorization Form

**** Please DO NOT EMAIL Credit Card Information ****

Participant's Name: _____

Program / Site: _____
Program / Site: _____
Program / Site: _____

For those wanting to charge the SPARC Summer Programs to a Discover, MasterCard, Visa, or American Express Account, please complete the following below:

1. **Check the boxes of the weeks the participant will be attending**
2. **Provide your credit card information**

The SPARC Office will retain this form until the expiration date of this form. All authorization forms will be destroyed following the expiration date that you specify below. By signing this form, you are authorizing the City of Springfield to charge your credit card on the **Wednesday @ 12:30 a.m.** prior to each week for the fee(s) and date(s) indicated below. Should funds not be available when the charge occurs, a **\$20 insufficient funds fee** will be applied and due at time of payment failure along with any outstanding program fees.

Before & After Explore		Summer Camps	
<p><u>Before Explore</u> \$20 \$5 (Reduced Fee)*</p>	<p><u>After Explore</u> \$40 \$15 (Reduced Fee)*</p>	<p><u>Summer Adventures or Ritter</u> \$95</p>	<p><u>Summer Quest</u> \$100</p>
* Must provide proof of free or reduced lunch status.			
<p>Before After</p> <p><input type="checkbox"/> <input type="checkbox"/> June 3-7</p> <p><input type="checkbox"/> <input type="checkbox"/> June 10-14</p> <p><input type="checkbox"/> <input type="checkbox"/> June 17-21</p> <p><input type="checkbox"/> <input type="checkbox"/> June 24-28</p>	<p>Before After</p> <p><input type="checkbox"/> <input type="checkbox"/> July 8-12</p> <p><input type="checkbox"/> <input type="checkbox"/> July 15-19</p> <p><input type="checkbox"/> <input type="checkbox"/> July 22-26</p> <p><input type="checkbox"/> <input type="checkbox"/> July 29-30*</p>	<p><input type="checkbox"/> May 22 - 24* *Days and charge amount subject to change based on last day of Springfield Public Schools</p> <p><input type="checkbox"/> May 28 - 31**</p> <p><input type="checkbox"/> June 3 - 7</p> <p><input type="checkbox"/> June 10 - 14</p> <p><input type="checkbox"/> June 17 - 21</p>	<p><input type="checkbox"/> June 24 - 28</p> <p><input type="checkbox"/> July 1 - 5**</p> <p><input type="checkbox"/> July 8 - 12</p> <p><input type="checkbox"/> July 15 - 19</p> <p><input type="checkbox"/> July 22 - 26</p> <p><input type="checkbox"/> July 29 - Aug 2</p> <p><input type="checkbox"/> Aug 5 - 9</p>
<p>PRORATED FEE WEEKS:</p> <p>**July 29-30 (2 days) \$8 AM / \$2 AM Reduced \$16 PM / \$6 PM Reduced</p>		<p>PRORATED FEE WEEKS:</p> <p>*May 22 (3 days) \$57 Summer Adv & Ritter \$60 Summer Quest</p> <p>**May 28 & July 1 (4 days) \$76 Summer Adv & Ritter \$80 Summer Quest</p>	

*This **IS NOT** a receipt or proof of payment, as you will receive receipts for the weeks for which you pay. This form will **ONLY** reserve the participant's spot for the weeks indicated above.*

Account Number: _____ - _____ - _____ - _____ Expiration Date: _____ - _____

Billing Address: _____ Street _____ City _____ State _____ Zip Code _____

Cell Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

This form will expire on ____ - ____ - ____.

(Please specify date. If left blank, this form will expire on Friday, August 30, 2019)

_____ PRINT Name _____ Signature _____ Today's Date _____