

## 2020 YMCA Family Camp - du Nord **Trading Post Account**



* [	Please complete this form and b	ring it to the Tra	ding Post when m	naking your	first purch	ase *	
Name:	Cabin/Site:				Week:		
Adress:							
Email:	Phone #:						
	* Please indicate the <b>number of treats per day</b> a child can purchase without a parent present.						
First name		Treat Limit*	First name			Treat Limit*	
STAFF USE ONLY - end of session totals							
	Auction:	FAC:	OAG	C:	GRAN	ID TOTAL:	
	Contribution:						
	mplete one of the following  r Check Agreement: complete						
Camp du Nord staff at the end of your session, or turn in a completed check or specified amount of cash. No refunds will be given on cash or check turned in to the Trading Post.  Please Check one:  By leaving a signded, blank check, I authorize Camp du Nord to enter the total amount due at the end of our session.  I have turned in \$ via cash or check (circle one) to Camp du Nord. I request that the balance be designated as a donation to the YMCA Camper Scholarship Fund. I understand we will be billed if we spend more than this amount.  Name: Signature: Date:							
STAFF USE	FONLY Amount received: \$	cash / chec	k Date:	Date: Staff Initials:			
Credit Card Agreement: Enter your Credit Card Information (bottom of form) and turn this form into the Trading Post at the beginning of your week. This can be an unlimited amount, or a designated maximum for your family to spend. At the end of the session, your credit card will be charged for the actual amount of purchases.  Credit Card information will be stored in a locked safe, and shredded after the card has been charged. If you wish to know the amount your family has accrued, inquire at the Trading Post. By providing a credit card, you							
	ow the amount your family has Camp du Nord to charge the ac		at the Trading Po	st. By prov	iding a cre	edit card, you	
□ I autho	ize Camp du Nord to charge the	e total amount a	ccrued on my acco	ount at the e	end of the	week.	
Name on (		Signature:		Date:			
STAFF USE	ONLY	er	Date:	Staff	Initials:	<u> </u>	
This section	will be shredded after your card has be	en charged					
Card N	Number: Expiration Date:						