



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CAMP MENOGYN STORE ACCOUNT FORM

Total Spent: _____

Maximum Allowed: _____

CREDIT/DEBIT CARD ACCOUNT AGREEMENT

Camper Name(s): _____ Session: _____

Signature: _____

Cardholder Name: _____

Account Number: _____

Expiration Date: _____ Contact Phone: _____

Date Entered: _____ Staff Initials: _____