

# 2015 SUMMER CAMP PAYMENT PLAN CONTRACT



CSUB Extended University Division  
9001 Stockdale Highway  
30 BDC  
Bakersfield, CA 93311-1022  
Phone: 654-2441 Fax: 654-2447  
www.csub.edu/extension

Child's Name: \_\_\_\_\_

Camp Attending: Reading  Math  Art  Creative Writing  Digital

## YOUR INFORMATION:

LAST NAME FIRST NAME M.I.

MAILING ADDRESS

CITY STATE ZIP

DAYTIME PHONE: EVENING PHONE: CELL PHONE:

SOCIAL SECURITY NUMBER DATE OF BIRTH

NAME OF EMPLOYER OR SOURCE OF INCOME PHONE

## REFERENCES:

LIST TWO PEOPLE YOU HAVE KNOWN FOR FIVE OR MORE YEARS. ONE CAN BE A RELATIVE NOT LIVING WITH YOU.

1. NAME DAYTIME PHONE

2. NAME DAYTIME PHONE

SIGNATURE (by signing you agree to pay all balances due) DATE

## FINAL PAYMENT DUE BY JUNE 8<sup>TH</sup>

### *EUD OFFICE USE ONLY*

#### PAYMENT INFORMATION:

50% DEPOSIT OF \$ \_\_\_\_\_ PAYMENT TYPE: \_\_\_ CK \_\_\_ MO \_\_\_ CC DATE: \_\_\_\_\_

BALANCE OF \$ \_\_\_\_\_ DUE BY: \_\_\_\_\_ EUD INITIALS: \_\_\_\_\_

#### ADDITIONAL PAYMENTS:

PAYMENT \$ \_\_\_\_\_ PAYMENT TYPE: \_\_\_ CK \_\_\_ MO \_\_\_ CC DATE: \_\_\_\_\_

BALANCE DUE: \$ \_\_\_\_\_ EUD INITIALS: \_\_\_\_\_