



6338 North Figueroa Los Angeles, CA 90042
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Credit/Debit Card Authorization - 2017

Amount to be charged: _____

Date to process: _____

Card type (please circle one): Visa Mastercard Discover

Card number: _____

Name on card: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

City: _____ Zip: _____

Email: _____

Student name: _____

I authorize Good Shepherd Lutheran School to charge my credit/debit card as stated above.

If my card is declined, a \$25.00 fee will be applied.

Signature _____ Date: _____

*If your camper is on the monthly plan:

Month#1 will be billed June 26

Month#2 will be billed July 24