

Individual Credit Card Payment Application 2022

(for individual print-out and email or mail-in only - not to be used for duplication)

Competitor's Edge at Fairleigh Dickinson University, Madison, NJ

PLEASE COMPLETE, PRINTOUT, SIGN, AND EMAIL or MAIL IN WITH DEPOSIT.

Name (Last, First) _____
() Commuter or () Resident

Address _____
City State Zip _____

Parent's
Name(s) _____ & _____

Home Phone (_____) _____ Emergency Phone (_____) _____

Parent/Your E-mail Address _____

Birth Date Age At Camp Reversible size () M / L () L / XL

Roommate Request (one person only - must be mutual) _____

Position you wish to play () Forward () Midfield () Halfback () Sweeper () Goalkeeper

Your School _____

Year/Grade Going Into in Sept. 2019 _____

Coach's Name _____

Coach's Phone # (_____) _____

Coach's E-Mail Address _____

Please Select a Session and Payment Type:

(Check **ONLY ONE**) () July 19- July 22 **OR** () July 26 - July 29

-- Check # _____ **Make check payable to: COMPETITOR'S EDGE**

-- Credit Card # _____ Exp. Date _____ Security Code _____

Name on Credit Card _____

Amount to be charged on Card \$ _____

Signature authorizing Credit Card amount to be charged: _____

****PLEASE DOUBLE CHECK YOUR WORK, SIGN THIS FORM, AND MAIL TO ADDRESS LISTED BELOW****

PLEASE READ AND SIGN: I hereby authorize the Director of Competitor's Edge Field Hockey Camp to act for me according to their best judgement in any emergency medical attention. Enclosed find a check of \$200.00 or credit card information in the amount stated above as a deposit to reserve a space for my daughter.

When using credit card information, payment in full is preferred. I understand this reservation deposit is non-refundable after July 1, 2021. I understand that a \$40.00 processing fee is non-refundable under any circumstance. With insufficient funds or credit card decline a surcharge of \$50.00 will be applied. Full payment must be received by June 1, 2021. If applying after May 15, 2021, please submit payment in full. Application deadline is July 10, 2021. **If you have not received confirmation within one month of mailing application, please email us at sticks@camp@gmail.com or call the camp phone at 973-443-8045.**

>>ALL DISCOUNT RATES WILL BE APPLIED TO THE FINAL BALANCE<<

Signature of

Parent(required) _____

Make Checks payable to: COMPETITOR'S EDGE

**MAIL TO: Competitor's Edge Field Hockey Camps
Processing Center
P.O. Box 170
Convent Station, NJ 07961-0170**

IMPORTANT: If you send Express Mail or Priority Mail requesting a receipt you must **WAIVE THE SIGNATURE**. Receipts are date and time stamped when the mail is placed in the box. Failure to waive the signature may cause return to sender by P.O. No certified mail.

Email us at stickscamp@gmail.com <<mailto:stickscamp@gmail.com>> Phone: 973-443-8045

Fairleigh Dickinson University is not liable for any of the activities in respect to the camp. The Camp Director is an independent contractor.