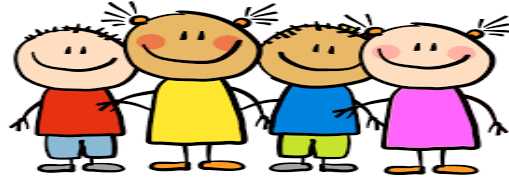


# AMERICAN HERITAGE SUMMER CAMP CREDIT CARD AUTHORIZATION FORM



**DATE** \_\_\_\_\_

**CAMPER NAME** \_\_\_\_\_

**NAME ON CARD** \_\_\_\_\_

**CREDIT CARD #** \_\_\_\_\_

**EXPIRATION DATE** \_\_\_\_\_

I, \_\_\_\_\_ (please print)  
authorize American Learning Systems, Inc. to  
charge the above credit card in the amount of  
\$ \_\_\_\_\_.

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**Signature of cardholder**

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**Cell phone # of cardholder**

**SCAN BACK TO [gail.schneider@ahschool.com](mailto:gail.schneider@ahschool.com)**

**American Heritage Summer Day Camp  
6200 Linton Blvd. Delray Beach, Fl. 33484  
561-637-2440 Office      561-495-5573 Fax**