

Payment Coupon for SonRock Kids Camp

(Please submit this coupon with all payments)

Payment Date: ___ / ___ / ___

Payment Type: ___Deposit ___Remaining Balance

Payment Amt: \$_____ ___Check ___Cash
(Check # _____)

Parent Name: _____

Camper Name: _____

Do you need a receipt for payment? ___Yes ___No

Please make checks/money orders payable to CRBC.

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