



**WAUKEELA**  
CAMP FOR GIRLS SINCE 1922

I authorize Saco River Clinic, Conway, NH, Memorial Hospital, North Conway, NH or the local CVS or Walgreens to charge my credit card for medical services/supplies/medication(s) for my daughter \_\_\_\_\_.

**Circle session:**

- Session I 2019 - June 23 through July 20
- Session A 2019 - June 23 through July 6
- Session B 2019 - July 7 through July 20
- Session II 2019 - July 22 through August 17
- Session C 2019 - July 22 through August 3
- Session D 2019 - August 4 through August 17
- Full Summer 2019 - June 23 - August 17

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Visa    MasterCard    American Express

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Parent Signature

Date \_\_\_\_\_



