

CAMP SUNRISE
PO Box 190
Hope, RI 02831-0190

401-826-1310

WEEKLY CHARGE AUTHORIZATION FORM

*i hereby authorize Camp Sunrise to charge the balances biweekly to my account which is listed below according to my child's stay at camp.
Please send receipts as these amounts are charged.*

Acct # _____

Exp. _____

Signature _____