



**Barry University**  
**Cashier/Business Office (CBO)**  
**CONFIDENTIAL**  
**Credit Card Authorization**  
**Form**

11300 Northeast Second Avenue  
 Miami Shores, Florida 33161-6695  
*Collections* (305)899-3640  
*Accounts & Billing* (305)899-3585  
*Fax* (305)899-3375  
*Adult & Continuing Education*  
 (305)899-3322  
*Fax* (305)899-3375

*(Please fill out all requested information)*

**Budget Code**

**10**

**42830**

**591810**

<b>Today's Date:</b>			
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<b>Name of Card Holder:</b>		<b>Credit card expiration date:</b>	____/____ Month- Year
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<b>Credit card number</b>		<b>Zip Code</b>	
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<b>CAMPER'S Name:</b>			
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**Cost of Camp**

In order to receive the BU Employee/Student rate you must present copy of Barry University ID card. Camper must be the child or grandchild of ID holder to receive discount. **No exceptions**

<b>BU Employee/Student</b>	<b>Community Rate</b>	<b>Alumni Rate</b>	<b>T-Shirts</b>	<b>Daily Rate</b>
\$135/week (Sibling Discount: \$110/week)	\$190/week (Sibling Discount: \$145/week)	\$170/week (Sibling Discount: \$130/week)	\$7 each (2 for \$12)	\$60

**Please indicate below the week in which your child will be attending the BUCKids Summer Camp**

	<b>COST</b>		<b>COST</b>
Week 1		Week 6	
Week 2		Week 7	
Week 3		Week 8	
Week 4		Additional T-Shirts/(\$7 each; 2 for \$12)	
Week 5		Daily Rate	

I \_\_\_\_\_ hereby authorize Barry University to charge  
*(Name of cardholder)*

\$ \_\_\_\_\_ to my credit card for the purpose of \_\_\_\_\_  
*(Amount Authorized)*

**Card Holder Signature:**

**Contact Phone Number:**

**VISA, MASTERCARD, AND AMERICAN EXPRESS ONLY!**

Please fax to (305)899-3595 or mail to:

**Barry University**  
**Attn: Cashier/Business Office (CBO)**  
**11300 N. E. 2<sup>nd</sup> Avenue**  
**Miami Shores, FL 33161**

\*\*\*\*\*If not filled out entirely, form is considered incomplete\*\*\*\*\*