

Camper's Name: _____

A 2.5% processing fee will be added to your original amount and billed to your credit card.

By signing below, I _____ authorize Camp Coyote
Name
to charge my credit card, VISA MASTERCARD DISC AMEX, (please circle one)

Name as it appears on the card: _____

Credit Card # _____

Exp.date _____ for the amount of \$ _____ + 2.5 % processing
fee as stated above.

on _____
Date

Signature

Date

Please retain a copy of this agreement for your records.

Send this form to:
Email: shelly@campcoyote.com
Fax: 936-295-9303
Mail: PO Box 276
Huntsville, TX 77342