## Wicomico County Department of Recreation & Parks 2024 KIDS KLUB SUMMER ESCAPE Field Trip Weekly Payment Form

| PARTICIPANT'S NAME(S) (no nic   | cknames)   | :          |                 |  |           |             |  |
|---|------------|------------|-----------------|--|-----------|-------------|--|
| PARENT/GUARDIAN NAME:   |            |            |                 | PHONE:   |           |             |  |
| SUMMER CAMP PROGRAM SITE  |            |            |                 |  |           |             |  |
| KIDS KLUB SUMMER ESCAPE DELMAR ELEMENTARY KIDS KLUB SUMMER ESCAPE BEAVER RUN  |            |            |                 |  |           |             |  |
| PLEASE CIRCLE THE WEEK(S) THAT YOU ARE PAYING FOR:  |            |            |                 |  |           |             |  |
| Week - TBD (6/26, )   |            |            | Week 5 – TBI    | Week 5 – TBD (7/24, )                                    |           |             |  |
| Week 2- Pemberton Historical Park (7/3, FREE)   |            |            | Week 6- Tyas    | Week 6- Tyaskin Park (7/31, FREE)                        |           |             |  |
| Week 3- Eastern Shore Lanes (7/10, \$25)  |            |            | Week 7- East    | Week 7- Eastern Shore Lanes (8/9, \$25)                  |           |             |  |
| Week 4 – TBD (7/17, )   |            |            | Week 8 – Sal    | Week 8 – Salisbury Zoo and Ben's Red Swings (8/10, FREE) |           |             |  |
| PAYMENT AMOUNTS: Please check all that apply  |            |            |                 |  |           |             |  |
| Field Trip (\$25.00)- All field trips are \$25.00 unless specified "FREE". You can pay on-site for the weekly field trips.  SPOTS ARE LIMITED - FORMS AND PAYMENT MUST BE TURNED NO LATER THAN MONDAY MORNING FOR YOUR CHILD TO ATTEND THE WEEKLY FIELD TRIP. |            |            |                 |  |           |             |  |
| PAYMENT NOTES (Include if discount c  |            |            |                 |  |           |             |  |
| Child's Name:   |            |            |                 |  |           |             |  |
| Child's Name:   | _ Fee:     | _ Paid:    | _ Child's Name: |  | Fee:      | Paid:       |  |
| PAYMENT COLLECTION  |            |            |                 |  |           |             |  |
| (Please Circle): CASH (Exact Change)  | CHECK (#:) |            | ) CREI          | ) CREDIT CARD  |           | MONEY ORDER |  |
| Credit Card #:  |            |            |                 | _ Exp. Date  | 3-Digit ( | Code:       |  |
| (Please Circle): Master Card / VISA /   | Discover / | / Americar | Express         |  |           |             |  |
| Signature of Cardholder:  |            | N          | ame:            |  | Phone#:   |             |  |
| AMOUNT ENCLOSED: \$   |            |            | C+              | aff Initials   |           |             |  |