

Gethiro Saint-Surin
Camp Director
Patriek Dodar
Camp Director



201 NW 46th Ave
Plantation, FL 33317
(954) 316-8301 Ext. 200

CREDIT CARD AUTHORIZATION FORM

DATE _____

STUDENT NAME _____

NAME ON CARD _____

CREDIT CARD ACCT # _____

EXPIRATION DATE _____

SECURITY CODE _____

CC BILLING ADDRESS _____

CC BILLING ZIP CODE _____

THE NAME ON THE ABOVE CREDIT CARD MUST MATCH THE NAME OF THE PERSON AUTHORIZING CHARGES.

I, _____ (please print)

authorize Broward Junior Academy to charge the above credit card in the

amount of _____.

Cardholder's Signature

Contact Phone Number

PLEASE FILL OUT & FAX THIS FORM TO (954) 3316-8308.