

# Youth Camp Guarantee

Youth League \_\_\_\_\_

Director's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Daytime Phone Number ( ) \_\_\_\_\_-\_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_-\_\_\_\_\_

Camp Code \_\_\_\_\_ Date(s) of Camp \_\_\_\_\_

\*Guaranteed Number \* \_\_\_\_\_

\*The guaranteed number above is the number of participants that I am guaranteeing will be in attendance at the youth camp aforementioned. If I should fall below my guarantee, I will be responsible for payment of 95% of the guaranteed number above. If I meet my guaranteed number or go above, I will be responsible for 100% of the actual number of students. I will provide one cashier's check or money order on the first day of camp made payable to UCA. A medical release form for each participant will also be provided at this time. I have provided a credit card authorization below that will secure my youth camp and staff. The credit card will be charged for any unpaid balance due on the first day of camp. If I choose not to guarantee with a credit card, payment in full must be received in the UCA office 3 weeks prior to camp. Please mail back with your deposit and schedule or you can fax to (901)387-4357 at least 21 days prior to camp. Failure to mail or fax back will result in cancellation of your youth camp! Any questions, please contact Customer Service at 1.888.CHEER-UCA(888-243-3782) Upon receipt of this guarantee, UCA agrees to provide at least a 1 to 20 staff ratio (based on the above guarantee), with all staff salaries and expenses taken care of along with supplies for the camp. I understand that if participants are added at camp, UCA is not responsible for providing more instructors than the original guarantee.

**BY SIGNING BELOW, I AGREE TO ALL OF THE ABOVE TERMS AND CONDITIONS SET FORTH BY UCA.**

Director \_\_\_\_\_ Date \_\_\_\_\_

Name on credit card \_\_\_\_\_ Signature \_\_\_\_\_

Credit Card # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Visa Master Card Discover American Express

Expiration date \_\_\_\_\_

This charge represents (Circle One): Full Payment Deposit Hold card to guarantee camp

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_-\_\_\_\_\_