

AmSkills
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New Port Richey, FL 34653
(727) 301-1282
Finance@amskills.org



SUMMER CAMP PAYMENT AGREEMENT FORM

Purpose of this form: Use this form if you are not able to pay the full Summer Camp program balance at the time of Registration.

Student's Name: _____
First Last

(If under 18) Parent/or Guardian: _____
First Last

Course: _____

Address: _____
Street City State Zip

Tel: _____ E-mail: _____

Terms and Conditions

1. I agree to pay the full Summer Camp balance (\$175.00) by no later than June 1st, 2018.
2. I agree that the plan can't be changed or canceled once it has been signed.
3. I understand that if my child decides to not attend the Summer Camp, that I must notify AmSkills prior to June 1st, 2018 to receive a full reimbursement.
4. If I pay by check and it is returned for insufficient funds, then I agree to pay the penalty of \$40 returned check fee.
5. I understand that if the balance is not paid in full by June 1st, 2018 that my child will not be allowed to participate in the Summer Camp program.

I agree, and have read and understood all the above terms and conditions.

Student Signature: _____

Date: _____

(If under 18) Parent/or Guardian: _____

Date: _____

Office Use Only

Payment History

Paid Fees

Finance Director Signature: _____ Date: _____

Executive Director Signature: _____ Date: _____

Non-Discrimination Policy

It is the policy of ICTC Governing Board dba AmSkills to provide equal educational opportunities for all people regardless of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity and expression, family responsibilities, political affiliation, disability, source of income, place of residence or business, and veteran status.