



SCHOOL REMITTANCE FORM



1001 Centennial Way, Suite 100 • Lansing, Michigan 48917 • p: 517.327.5315 • f: 517.327.5360
Email us: info@mascmahs.org • Search us: mascmahs.org • Follow us: @mascmahs

Please use this form when the school will be paying for student camp registrations. Indicate each student's name and the amount paid below.
This form can be returned via mail, fax or email. Questions? Please contact our office.

PART I - SCHOOL INFORMATION

School: _____
(Please use the school's full name)

Adviser Name: _____

Advisor Contact #: () - Cell Work Other: _____

PART II - STUDENT INFORMATION

Student's Name: _____ Amount Paid: _____

Student's Name: _____ Amount Paid: _____

Student's Name: _____ Amount Paid: _____

Student's Name: _____ Amount Paid: _____

Student's Name: _____ Amount Paid: _____

Student's Name: _____ Amount Paid: _____

Student's Name: _____ Amount Paid: _____

Student's Name: _____ Amount Paid: _____

Student's Name: _____ Amount Paid: _____

Student's Name: _____ Amount Paid: _____

PART III - PAYMENT INFORMATION

Check #: _____ Credit:    

Total Amount: _____ Card #: _____

Exp: ____ / ____ Billing ZIP: _____ CVV: _____



Signature: _____