SUMMER CAMP INVOICE

[Camp Name]
[Address Line 1]
[Phone Number] | [Email]

Invoice #: [000]
Date: [MM/DD/YYYY]

BILL TO:

[Parent/Guardian Name]
[Address Line 1]
[City, State, Zip]

CAMPER DETAILS:

Name: [Camper Name]
Program: [Session Name/Grade]
Period: [Start Date] - [End Date]

Description	Rate	Qty/Weeks	Amount
Weekly Tuition Fee	$0.00	0	$0.00
Registration/Activity Fee	$0.00	1	$0.00
Extended Care (Before/After)	$0.00	0	$0.00
Lunch/Snack Program	$0.00	0	$0.00

Subtotal: $0.00
Discount: ($0.00)

Total Due: $0.00

PAYMENT INSTRUCTIONS:

Please make checks payable to **[Camp Name]**.
Due Date: [MM/DD/YYYY]

Thank you for choosing [Camp Name] for your child's summer adventure!
Tax ID: [FEIN-Number]