Camp Payment Ledger

Camp/Clinic:_____ Dates:_____

Individual Cost of Camp:_____ Team Cost of Camp:_____

Please document the information relative to your camp/clinic attendees. Remember the following important information:

1) Maintain copies of all registration forms and checks along with this payment ledger.
2) Free/reduced admission to individuals or groups must be documented on the individual or group discount forms.
3) Document any refunds on the appropriate refund form.

Name of Camper	Deposit	Balance	Total Paid	Method of Payment	Reason for Discount

Were any checks returned due to insufficient funds? _____ If so, please provide a list of names and by what means the funds were collected.