



Star Hill Family Athletic Center

2026 Summer Recreation Program

Weekly Billing Agreement

I agree to allow Star Hill to bill my credit card every Monday for any associated fees with Star Hill's Summer Recreation Camp for that week for my child(ren).

Credit card #: _____

Expiration date: _____

Billing zip code for card: _____

CIV# (3 digits): _____

Camper's name(s): .
.
.

Parent's signature

Date

Star Hill Admin Use (billing history)

Week 1 (6/17)

Week 7

(7/29)

Week 2 (6/24)

Week 8

(8/5)

Week 3 (7/1)

Week 9

(8/12)

Week 4 (7/8)

Week

10 (8/19)



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Week 5 (7/15)

11 (8/26)

Week 6 (7/22)

Week