

***Guarantee of Payment***  
***(Please Select the Correct Option)***

***School Payment Options***

- [  ] The school has mailed the payment and I have provided your staff with a copy of the school check or school purchase order. I will follow up after camp to make sure this payment was received by the national office.

Amount \$ \_\_\_\_\_

- [  ] I ***do not*** have a copy of the school purchase order or school check therefore I have provided credit card information. I have until two weeks after the ending date of camp to pay UCA/UDA. If payment hasn't been received my credit card will be charged.

Amount \$ \_\_\_\_\_

***All Star Payment Options***

- [  ] Credit card information will be called into the national office for processing before we will be allowed to attend camp.

Amount \$ \_\_\_\_\_

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***School/Team Representative***

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***Date***

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***School/Team Name***

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***Invoice #***