# 2017 FAMILY DIVE ADVENTURES
# CREDIT CARD AUTHORIZATION FORM

*In order to process your charge, please complete the following information and return by fax to (843)353-2537 or mail to the address below. This information is destroyed once processed for this booking only. Kids Sea Camp does not keep this information on file. All payments are non-refundable.*

**I, _____ authorize Kids Sea Camp Inc. as an agent to charge my credit card account for this booking with Family Dive Adventures.**
**Destination: _____/ Date of arrival: _____ Date of return: _____**

**A deposit of $1,000.00 per room/ $1500 per cabin (liveaboards) is required at the time of booking**
***($1000 for one bedroom & $2000 for a two bedroom, etc).***

**Number of Rooms: _____ Room Type: _____ Total Deposit to be charged: $_____**
**Total number of people payment is for: _____.**

**Circle one: VISA MASTERCARD DISCOVER AMERICAN EXPRESS**
**Account #: _____**
**Exp. date: ____/____ Security Code on credit card, this is a 3 or 4 digit code: _____.**
**My final payment is due or in full 90 days before the trip in the amount of $_____.**

**X_____ _____**
**Signature Date Full Name (as it appears on the card)**

**_____ _____**
**Billing Address Daytime Phone**

**_____ _____**
**City, State, Postal Code, Country Daytime Fax**

**_____ _____**
**E-mail Address (please print clearly) Evening Phone**

*I fully understand that all payments to Kids Sea Camp are nonrefundable and are subject to the policies and conditions as stated on the Terms & conditions form, which I have been provided, read and agree to. I have been advised to take trip cancellation insurance and I have been directed to www.dan.org as one suggested source of trip and dive insurance.*

**SignatureX _____ Date _____**

**Kids Sea Camp Inc.**
**P.O. Box 291030, Columbia SC 29229**
**Tel. (803) 419-2556 Fax (843) 353-2537**
**Website: www.familydivers.com**
**E-mail: kids@familydivers.com**