



# Kalispell Parks & Recreation After School & Camp Payment Verification Request Form

Please complete and return the After School, Summer Camp, and Specialty Camp payment verification request form below. Please email, fax, or mail this form to Kalispell Parks and Recreation:

Email: [awells@kalispell.com](mailto:awells@kalispell.com)

Fax: (406) 758-7719

Mail: PO Box 1997, Kalispell, MT 59903

Please allow 3-5 business days for the payment verification request form to be processed. Completed forms will be emailed back to the requestor. Signature on this form must match signature on program registration form.

PARENT/GUARDIAN INFORMATION (PLEASE PRINT)			
Last Name	Phone		
First Name	Password		
Email Address <small>(Completed Verification Form will be emailed to the requestor)</small>			
Street Address			
City	State	Zip	
Please check the appropriate program the dependent(s) participated in:	After School	Summer Day Camp	Specialty Camps <small>(Skip Out, Freeze Out, Spring Break Camp, etc.)</small>
<b>DEPENDENT'S NAME</b>	<b>RELATIONSHIP</b>		<b>DATE OF BIRTH</b>
Signature <small>(Must match signature on registration form on file)</small>			Date

**FOR OFFICE USE ONLY**

AFTER SCHOOL & CAMP VERIFICATION INFORMATION			
DATE RANGE OF SERVICES	From <b>01 / 01 / 21</b> through <b>12 / 31 / 21</b>		
ORGANIZATION NAME	<b>CITY OF KALISPELL PARKS &amp; RECREATION</b>		
ORGANIZATION TAX ID	<b>81-6001281</b>		
DESCRIPTION OF SERVICE	<b>AFTER SCHOOL, SUMMER CAMP, OR SPECIALTY CAMPS</b>		
REPRESENTATIVE SIGNATURE	DATE		<b>TOTAL AMOUNT PAID IN 2021</b>  <b>\$</b> _____