

2019 iCash Agreement Form

At your request, Impact 2818 will provide iCash codes for your church to use in providing scholarships to your campers. You will be billed for all codes that are used, including cancellations in accordance with our cancellation policy. Please complete and return the form below, stating that you agree to the following terms:

- At the end of each season selected, Impact 2818 will mail a billing statement to the address I provide below for all codes that have been used for event registrations.
- Payment for all used codes is due according to the following:
 - Spring Events (start date January – May) – due **June 15, 2019**
 - Summer Events (start date June – August) – due **September 15, 2019**
 - Fall Events (start date September – December) – due **January 15, 2020**
- Payment is due for cancelled registrations and “no shows” in accordance with Impact 2818’s cancellation policy. iCash does not waive cancellation fees. A registration cannot be transferred from one camper to another.
- A **late fee of 2%** of the balance due will be assessed monthly for payments that are not received by their due date.

Church name: _____

Church mailing address: _____

Church city: _____ State: _____ Zip: _____

Contact person: _____ Contact phone: (_____) _____ - _____

Email address: _____

Please limit your request to 3 levels of support **per season**. You may request a code be good for one, two, or all three seasons. If no season is selected, the code will default to summer use only.

iCash amount requested: _____ Spring Summer Fall
(example: 15 @ 100% for summer and fall)

iCash amount requested: _____ Spring Summer Fall
(example: 10 @ 50% for spring, summer, and fall)

iCash amount requested: _____ Spring Summer Fall

iCash amount requested: _____ Spring Summer Fall

iCash amount requested: _____ Spring Summer Fall

On behalf of the church named above, I agree to submit payment for all requested iCash codes that are used to register campers for Impact 2818 events based on the schedule above. I have read and agree to the terms above.

Signature: _____ Date: _____

Please fax this form to (317) 735-4237, email to emily.burkhart@inumc.org, or mail to:
INUMC, Attn: Camp iCash, 301 Pennsylvania Parkway – Suite 300, Indianapolis, IN 46280.

Questions? Call the registration team at (888) 628-2818.