MONTH DATE, 202X

Parent/Guardian of (NAME OF PARTICIPANT)

ADDRESS

CITY, STATE ZIP

RE: (NAME OF DAY CAMP) Day Camp Payment

$ \_\_\_\_\_\_\_\_\_\_ check returned for Non-sufficient funds (NSF)

The (NAME OF DAY CAMP) Volunteer-led Day Camp of the Girl Scouts of Minnesota and Wisconsin River Valleys has attempted to submit your check for payment for the (NAME OF DAY CAMP) Day Camp on (INSERT DATE HERE) and it has been returned NSF.

You can avoid having your registration canceled by submitting an alternative form of payment by (USE DATE 10 DAYS AFTER DATE OF LETTER).

If you have questions, please contact our Day Camp Registrar, (INSERT NAME HERE) at (INSERT PHONE NUMBER) or (INSERT EMAIL).

Thank you for your prompt attention to this matter.

Sincerely,

The (INSERT NAME OF DAY CAMP) Day Camp Leadership Team