

**SAMPLE LETTER FROM PROVIDER**

**Bright Canvas Day Camp**  
1515 Camp Street  
Amazing, NY 02345  
Phone: 123-456-7890  
[BrightCanvasDayCamp@zzz.123](mailto:BrightCanvasDayCamp@zzz.123)  
License # 22-1212121

Date

Mr. John Doe  
1111 Somewhere Street  
Someplace, NY 11111

Thank you for your recent payment for Summer Session 1. Below is a detailed breakdown of the charges and payments applied to your account.

**Camper Information**

**Name:** Jack Doe

**Session:** Summer Session 1 (July 3 – August 25)

**Program:** Full-day Creative Arts Camp

Charges	
Description	Amount
Session Tuition	\$ 1,600.00
Art Supplies	\$100.00
Early Drop-off	\$50.00
Camp T-shirt	\$25.00
<b>Total Amount Paid</b>	<b>\$ 1,775.00</b>
<b>Current Balance</b>	<b>\$0.00</b>

Thank you for choosing Bright Canvas Day Camp. If you have any questions or concerns, feel free to contact me directly at 123-555-1212.

Thank you, and we look forward to a creative summer!

Provider's Name/Signature

Title

**Letter must include:**

- Provider's full name and address
- Provider's phone number and email address
- Provider's license number
- Letter date
- Member's and child's names
- Dates of service
- Total payment(s) made
- Provider's direct phone number (if different from logo info)
- Provider's name/signature