

Name: \_\_\_\_\_ SEESA #: \_\_\_\_\_ Phone #: \_\_\_\_\_

CLASS NAME	DAY of CLASS	TIME of CLASS	AMOUNT	PLACEMENT
<b>TOTAL</b>				

<i>(circle one)</i>	<i>For office use only</i>	Issued by _____
CASH /	DEBIT/CREDIT CARD	
CHEQUE	Receipt # _____	INV # _____
Classes Refunded _____	Refund Issued By: _____	Date _____

Please note:

- Please print clearly and include all information asked for
- You are not considered registered for the class until you pay. We accept cash, cheques, debit card, Visa or Mastercard
- SEESA reserves the right to adjust class cost due to errors or cancellations

Pre-registration Payment: enclose Cheque or enter Credit Card information below. Credit Card information will be removed and destroyed when processed.

Credit Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

3 digit code on back \_\_\_\_\_

Name on Card \_\_\_\_\_