

Name: _____ SEESA #: _____ Phone #: _____

Can we share your Phone # with your instructor? (check one) Yes No

CLASS NAME	DAY of CLASS	TIME of CLASS	AMOUNT	PLACEMENT #
TOTAL				

(circle one) For office use only

Date: _____

Payment Method: Cash / Cheque / Debit / Credit Card Receipt #: _____ Issued by: _____

Classes Refunded: _____ Amount: _____

Refund Issued By Whom: _____ Method of Refund: _____ Date Refunded: _____

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 _____