

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

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

STAFF	CLASS NAME	DAY of CLASS	TIME of CLASS	AMOUNT
TOTAL				

<i>(circle one)</i>	<i>For office use only</i>	Date: _____
Payment Method: Cash / Cheque / Debit / Credit Card	Receipt #: _____	Issued by: _____
Classes Refunded: _____		Amount: _____
Refund Issued By: _____	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 \_\_\_\_\_