

Name: _____ Phone #: _____

Office Use	ACTIVITY NAME (Include Session #)	DAY of activity	TIME of activity	AMOUNT
			TOTAL	

(circle one)
For office use only
Date: _____

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

Classes Refunded: _____
 Amount: _____

Refund Issued By: _____
 Method: _____
 Date: _____

Name: _____ Phone #: _____

Office Use	ACTIVITY NAME (Include Session #)	DAY of activity	TIME of activity	AMOUNT
			TOTAL	

(circle one)
For office use only
Date: _____

Payment Method: Cash / Cheque / Debit / Credit Card / Wallet
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