

Name: _____ Phone #: _____

Office Use	ACTIVITY NAME (Include Session #)	DAY of Activity	TIME of Activity	AMOUNT
<i>(For office use only)</i>			TOTAL	
Membership Type: _____ Wallet Balance: _____ <div style="display: flex; justify-content: space-between;"> <i>(circle all that apply)</i> Date: _____ </div> <div style="display: flex; justify-content: space-between;"> Payment method: Cash / Cheque / Debit / Credit Card / Wallet Receipt #: _____ Issued by: _____ </div> <div style="display: flex; justify-content: space-between;"> Classes Refunded: _____ Amount: _____ </div> <div style="display: flex; justify-content: space-between;"> Refund Issued By: _____ Method: _____ Date: _____ </div>				

Please print clearly and include all information requested, including **full** name of the activity.
 You are not considered registered for the class until your payment is processed. We accept cash, cheque, debit card, Visa, Mastercard or wallet credit.
 SEESA reserves the right to adjust class costs due to errors or cancellations.

PAYMENT OPTIONS:

- Use wallet credit (if available)
- Cash enclosed
- Cheque enclosed
- Credit Card:
 - Credit Card Number _____
 - Expiry Date: _____ CVV number (3 digit code on back) _____
 - Name on card _____