SEESA *You belong here*

Activity Registration Form

Name: _____   Phone #: _____

Office Use	ACTIVITY NAME	DAY of Activity	DATE of Activity	AMOUNT
(Office use only)			**TOTAL**	
Membership Type: _____				
Wallet Balance =: _____				
Receipt #: _____ Issued by: _____ Date: _____				
Receipt Required: Yes ☐ No ☐				
Payment method: Cash / Cheque / Debit / Credit Card / Wallet (*circle all that apply*)				

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 _____