



Office Use Only
Invoice #

CREDIT CARD PAYMENT FORM

Name: _____

Address: _____

Town: _____ **Postal Code:** _____

Phone #: _____ **E-mail:** _____

What program(s) are you paying for? _____

TOTAL: \$ _____

VISA  MasterCard



A \$25.00 administration fee is charged for all refund and change requests. Refunds & changes are only available if requested up to and including March 2, 2012 and will be issued by cheque. No refunds or changes are possible after March 2, 2012.

Credit Card# _____ / _____ / _____ Expiry Date ____ / ____



Validation Code (*found on back of credit card*) _____

This payment does not guarantee your space in the program(s) requested. If you do not receive registration in all programs requested, the amount charged to your credit card will be reduced accordingly.

Name on card (please print)

Signature

Date

This form is not applicable for Discovery Station Nursery School

OFFICE USE ONLY:

Process Date	Confirmation No.	Initials