



Fax in your request including your name, phone#, course name, date and time. Please fax one form per person, and include your Visa or MasterCard number, expiry date, CVD# and name that appears on the card is included. (CVD# is the last 3 digits on the back of your credit card following your credit card number) Indicate if you want us to authorize billing for the 50% deposit or full payment for each course selected and include your signature on the form you're faxing. Our fax number is 416-231-9956. For outside the GTA area please use our toll-free fax line at 1-800-541-3415.

First/Last Name:

Address: Apt/Suite#: City:

Email: Phone#: ()

CLASS INFORMATION

Class Name (1): Class Name (2):

Class Date/Time: MM/YY at am/pm Class Date/Time: MM/YY at am/pm

Class Name (3): Class Name (4):

Class Date/Time: MM/YY at am/pm Class Date/Time: MM/YY at am/pm

PAYMENT INFORMATION

Name on Credit Card:

Credit Card Number (16-digits):

Expiry Date: MM/YYYY 3-digit Security Code on Back of Card (CVD#):

Enter Dollar Amount to be authorized (50% deposit or full amount): \$ _____

Gift Certificate/Coupon Code:

Signature: _____