



## CREDIT CARD PAYMENT FORM

PARENT/CARER'S NAME: ..... CONTACT NO: .....

CHILD'S NAME: ..... GRADE: .....

PLEASE DEBIT MY CREDIT CARD for the following payment/s and amount/s;  
 (Please note that payments must total \$15.00 or over)

.....  
 .....

MASTERCARD       VISA      AMOUNT: \$\_\_\_\_\_ (\$15.00 or over)  
**(Please note: American Express & Diners Club not accepted)**

CARD NUMBER:

Expiry Date: \_\_\_\_/\_\_\_\_

			/ /
CARD HOLDER'S NAME (Please Print)	CARD HOLDER'S SIGNATURE	CARDHOLDER'S ADDRESS	DATE