

Please fill out all sections of this form completely and sign the bottom before submitting. If any part of this form is left blank, the transaction will be cancelled, and the information provided therein will be destroyed for your protection.

Name (please print): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(optional)

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

VISA® / MasterCard®  
(Please circle one)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Expiry date: \_\_\_\_\_

Security Code:  
(found on back of card) \_\_\_\_\_

General description of purchase: (i.e. Membership Payment, Teaching Supplies, etc.)	
<b>TOTAL Amount Charged:</b> (Canadian Dollars only / GST/HST Exempt)	

If incorrect fees are listed here, Cecchetti Canada will automatically charge your account with the correct amount, as posted on the Cecchetti Canada website.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The personal information collected on this form will be used for the purpose of processing payments. This personal information is being collected under the authority of Section 41(c) of Ontario's *Freedom of Information and Protection of Privacy Act*.

For office use only: MID#: 87160210019	Received: Transaction Ref #:
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Cecchetti Canada is a corporate member of the Cecchetti International Classical Ballet (CICB)