



Glen Cairn Skating Club



Jack Charron Arena, 10 McKittrick Dr. / Bell SENSplex, 1565 Maple Grove Rd.

Credit Card Information

Please Circle:

VISA

MASTERCARD

Card Number: _____

Expiration Date: _____

Name on Card: _____

Amount: _____

I hereby authorize the **Glen Cairn Skating Club** to charge my **Visa** or **Mastercard** (*circle one*) the amount stated above.

Signature: _____

I prefer to pay in 2 installments and will be available one of the following dates to process the second installment.

Saturday Dec. 3, 9-11am (at the Jack Charron Arena)

Wednesday Dec. 7, 6-8pm (at the Sensplex)

Monday Dec. 5, 5-7pm (at the Jack Charron Arena)

Signature: _____