

CARDHOLDER INFORMATION

NAME (as it appears on card)			
CARD NUMBER		CARD TYPE	
EXPIRY (MM/YYYY)		CSV	
BILLING ADDRESS (Street, PO Box, Suite #)			
CITY	PROVINCE	POSTAL CODE	COUNTRY

TRANSACTION INFORMATION

AMOUNT: \$400 NON-REFUNDABLE APPLICATION FEE *for each student applying*

NAME OF STUDENT(S) FOR APPLICATION FEE:	
STUDENT 1: FAMILY NAME	GIVEN NAME
STUDENT 2: FAMILY NAME	GIVEN NAME
NOTES / ADDITIONAL INFORMATION:	

AUTHORIZATION

EMAIL (receipt will be emailed)	
<input type="checkbox"/> I GRANT PERMISSION FOR ROCKWAY TO COMMUNICATE WITH ME BY EMAIL. We respect your privacy and do not sell, trade or share personal contact information. <i>We contact you only for the purposes of Rockway's mission. At any time, you can change how we are in touch by contacting the office at 519.743.5209</i>	
SIGNATURE	DATE

PROCESSING INFORMATION

– OFFICE USE ONLY –

TRANSACTION PROCESSED BY: _____	DATE: _____
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