



**St. Martin S.S.**  
 2470 Rosemary Drive  
 Mississauga, Ontario L5C 1X2

# ACTIVITY PAYMENT FORM

DATE \_\_\_\_\_ STUDENT NAME \_\_\_\_\_ \$ \_\_\_\_\_ AMOUNT

**METHOD OF PAYMENT (Check one only):**

Cash  Debit  Credit Card Present: Yes  No

Please complete following only if card is not present:

Credit Card: MasterCard  Visa   
 Card Number:   
 Expiry Date   CVD   
 M M Y Y (Card Verification Digits)

Cardholder's name as on Card (Please print) \_\_\_\_\_ Cardholder's signature \_\_\_\_\_

**FOR TEACHER USE ONLY:**

ACTIVITY: \_\_\_\_\_ DEPT.: \_\_\_\_\_ TEACHER: \_\_\_\_\_

Choose selection from below:

Academic Resource	English	Religion	Tech-Comm Tech
Business/Computers	Library	Science	Tech – Cosmetology
Chaplaincy	Math	Social Sciences	Tech – Hospitality
Co-op	Moderns	Guidance	Tech – Music
Drama	Phys. Ed.	Tech – Construction	Tech – Visual Arts
			Tech – Media Arts

Athletics: \_\_\_\_\_ Other: \_\_\_\_\_  
 Please print sport and coach in charge Please Print

**FOR OFFICE USE ONLY:**

Processed by (Name): \_\_\_\_\_ Date Processed \_\_\_\_\_