

## Gift Membership Enrollment Request

Note: Linointents are militer	a and subject to available space
Your Name: Phone Number: Email: I would like to enroll a friend! (gift) Would you like a gift notification em	ailed Y/N
Receiver's Personal Information:	Your Payment Information:
Friends First Name:	Card Type: VISA MasterCard
Friends Last Name	Credit Card Number:
Friends Email:	Name on the Credit Card:
Friends Phone number:	Card Expiry Date:
	CCV (number on back of card)
Choose one of the following:	*Note: Credit cards will be billed \$195.00 (plus GST) approxi mately two weeks prior to the start of each 3 month program*
Sign My Friend Up For:	
One, Two, Three 3-month Periods,	
Keep the cheese rolling until I tell you to stop!	_
Choose one of the following:	
Enroll my friend in the next available enrollment	period Y/N
OR	
I would like my friend to start my enrollment in t	he
Spring/Summer - Y/N,	
Fall - Y/N,	
Winter - Y/N, program period.	