



JIN JUNG KWAN MARTIAL ARTS ACADEMY OF CALGARY

Canadian Headquarters for the Korea Hapkido Association of Jin Jung Kwan

REGISTRATION PAYMENT

CREDIT CARD AUTHORIZATION

I authorize Jin Jung Kwan Hapkido to process the following credit card for payment of registration in the Hapkido martial arts programs.

Name: _____ For Student(s) or Self: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Cell: _____

Credit Card Authorization

Name on Card: _____ VISA Mastercard

Credit Card Number: _____

Expiry Date: _____ Validation code (3 digits on back): _____

Amount to process: _____

Signature of Account Holder

Date