



# THE WAKEFIELD GRAND

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date of event

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Relation to the Event

\_\_\_\_\_  
Group Person Contact Number

\*If you would like to use more than one credit card, complete the same form and note the amount you would like charged. Scan and return.

## CREDIT CARD DETAILS

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

Visa    MC

Credit Card Number

Expiry Date

V code (3 digits)

Cardholder Signature

MM

YY

I hereby give my consent for the Wakefield Grand Inc. to charge the above stated amount to my credit card.



911 Riverside Dr  
Wakefield, QC



info@wakefieldgrand.ca



wakefieldgrand.ca