



Guarantees Secured by Credit Card

I/We, the parent(s)/legal guardian of _____, do hereby authorize West Island College International Ltd. to charge the credit card number below in an emergency situation. Such situations may include disciplinary measures, medical expenses, wilful and/or malicious damage.

AUTHORIZED CREDIT CARDS:

_____	Name of Card Holder	_____	Type of Card
_____	Card Number	_____	Exp. Date & Card Security Verification Code

_____	Name of Card Holder	_____	Type of Card
_____	Card Number	_____	Exp. Date & Card Security Verification Code

Authorized signature: _____ Date: _____

PLEASE PRINT:

Parent(s) Name(s): _____

Address: _____

Telephone (residence): _____

(business): _____

IT IS MANDATORY THAT YOU COMPLETE, SIGN AND RETURN THIS FORM