2026 CTCPA NATIONAL FINALS PAYMENT INFORMATION FORM

Name: _____

Payment Type:_____ **(**ONLY Cash, Cheque, Visa, Mastercard or E-Transfer) Please send e transfer to nationalfinalspayment@gmail.com also include in comments the rider you are paying for. If paying by credit card and you do not want to use this form, please call Wendy @ 403-829-5088 to give her your number.

A credit card fee of 4% will be charged for transactions. Please note this change is for payment by credit card only. You will still have the option to pay by check or e transfer without any additional fee.

Credit Card Number:_____

Expiry Date:_____ **CVC#**_____

Total Amount: _____

Signature: _____

Please provide details if making a payment for someone else:

Name: _____

Amount: _____

Comments: _____

_____

Submit form via **Email:** ctcpaoffice@gmail.com / **Mail:** CTCPA 949 Briarwood Crescent, Strathmore, AB T1P1E8. Please send e transfer to nationalfinalspayment@gmail.com use the

password “ctcpa” (if necessary) also include in comments the rider you are paying for.