2600 Rutherford Road, Vaughan, ON L4K 5R1
Tel.: (905) 738-7574 Fax: (905) 738-3941
www.sportsvillage.ca

**2019-20 Meal Plan Information**

Student Name: _____

Parent and/or Guardian: _____

E-mail(s): _____

Address: _____

Contact Number(s): _____

**Payment Options:** ☐ **Cash** *(enclosed)* ☐ **Cheque** *(enclosed payable to Hot Shots Bar & Grill)*
☐ **Credit Card** *( provide credit card info. below)* ☐ **E-Transfers** *to* **payments@sportsvillage.ca**

Amount: _____ Type of Card (Visa or M/C): _____

Credit Card Number: _____

Expiry Date: _____ Name on Card: _____

**I, _____ hereby authorize Hot Shots Bar & Grill to process the above amount using my credit card for payment of the 2019-20 Hill Academy Lunch Program.**

**Allergies:** *(Note: Hot Shots Bar & Grill, The Sports Village and its environment is **NOT** a nut free environment. All efforts will be made to prepare foods specific to your child's needs.)*
**This is to declare that my child has the following food allergies:**

_____

_____ _____ _____
Signature Print Name Date

*Committed to providing you with an unparalleled recreation experience!*

*A Mentana Facility*