

## Credit Card Payment

Name of Event: Winter Camp 2024

Children Names \_\_\_\_\_

Circle: Visa MC Discover AE

Credit Card Number: \_\_\_\_\_

EXP Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Name on the Card \_\_\_\_\_

*\$139 per player*

Total Amount + \$5 Credit Card Fee per Child \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

**Mail to:**

Olympic Soccer Academy

PO Box 1373 Plainfield, IL 60544

**Or Email** this to: [OlympicSoccerAcademy@gmail.com](mailto:OlympicSoccerAcademy@gmail.com)

