

Credit Card Payment for Little Olympians

Name of Event: **Little Olympian 5 week Spring Clinic 2022**

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

Circle: Visa MC Discover

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

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

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

Total Amount **\$104 + \$5** Credit Card fee: \$\_\_\_\_\_

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

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

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

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

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

Scan/Email to [laurieOSA@gmail.com](mailto:laurieOSA@gmail.com)

Or Mail

PO Box 1373

Plainfield, IL 60544

