

Credit Card Payment

Name of Event: **Olympic SuperStars 5 week Fall Program 2022**

Player Name _____

Circle: Visa MC Discover American Express

Credit Card Number: _____

EXP Date: ____/____/____ 3 Digit Security Code: _____

Name on the Card _____

Total Amount **\$59 + \$5** Credit Card Fee: \$_____

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: LaurieOSA@gmail.com

