

## Credit Card Payment

5 v 5 Olympic Soccer Recreational League - \$125 per player

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

Circle: Visa MC Discover AE

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

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

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

Total Amount to Charge plus \$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

