

Credit Card Payment for Little Olympians

Name of Event: **Little Olympian 5 week Fall Clinic 2024**

Children Names _____

Circle: Visa MC Discover

Credit Card Number: _____

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

Name on the Card _____

Total Amount **\$110 + \$5** Credit Card fee per child: \$_____

Signature _____ Date ____/____/____

Billing Address: _____

City _____ State _____ Zip _____

Contact Number: _____

Email Address: _____

Scan/Email to laurieOSA@gmail.com

Or Mail

PO Box 1373

Plainfield, IL 60544

