

## Credit Card Payment

Name of Event: **Super 6-8 Spring 5 week clinic**

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

Circle: Visa MC Discover

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

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

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

*\$115 per player*

Total Amount + \$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 Scan/Email this to: [LaurieOSA@gmail.com](mailto:LaurieOSA@gmail.com)

