

Credit Card Payment

Name of Event: **Olympic SuperStars 5 week Spring Clinic 2017**

Player Name _____

Circle: Visa MC Discover

Credit Card Number: _____

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

Name on the Card _____

Total Amount **\$45 + \$5** Credit Card Fee: \$_____

Signature _____ Date ____/____/____

Billing Address: _____

City _____ State _____ Zip _____

Contact Number: _____

Email Address: _____

Mail to:
Olympic Soccer Academy
24513 Norwood Drive
Plainfield, IL 60585
Or Fax this to: **815.439.9171**

