

## Credit Card Payment

Name of Event: **Summer Camp 2018**

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

Circle: Visa MC Discover

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

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

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

*\$125 per player*

Total Amount + \$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**

