

Credit Card Payment

Name of Event: **Summer Camp 2017**

Children Names _____

Circle: Visa MC Discover

Credit Card Number: _____

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

Name on the Card _____

\$125 per player. \$10 discount for additional siblings

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**

