

Credit Card Payment – 5 Week Winter Clinic

Name of Event: **5 Week Winter Skills Clinic**

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

Circle: Visa MC Discover American Express

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

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

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

Total Amount \$129 + \$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**

