

Credit Card Payment – SoccerMom Fitness Workout

Name _____

Circle: Visa MC Discover

Credit Card Number: _____

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

Name on the Card _____

\$99 *(plus \$5 credit card processing fee)*: **\$104**

Signature _____ Date ____/____/____

Billing Address: _____

City _____ State _____ Zip _____

Contact Number: _____

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

