

# Credit Card Payment for 5v5 Olympic Friendlies

Club Team Name \_\_\_\_\_ Coach \_\_\_\_\_

How many TOTAL boys teams? \_\_\_\_\_ How many Total girls teams? \_\_\_\_\_

Age Level: U _____	Boys or Girls	Total Teams: _____
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Age Level: U _____	Boys or Girls	Total Teams: _____
Age Level: U _____	Boys or Girls	Total Teams: _____

Circle: Visa MC Discover

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

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

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

Total Amount \$ \_\_\_\_\_ + \$5 credit card processing fee per team (\$ \_\_\_\_\_)

Total Amount including 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**

