



Payment Form

Program _____

Player's Name _____

Age _____ Grade _____ Phone # _____ Email _____

Cell Phone # _____

Total: \$ _____

☐ Payment Enclosed

☐ Check #

☐ Cash

☐ Bill My Credit Card

☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Name on Card _____ Exp. Date _____

Card # _____

Billing Address _____ Zip Code _____

Signature

Make Checks Payable to

"Heat Sports Performance"