

BAXTER JACK'S COED PAYMENT FORM

Visit us at baxterjacks.com

CAPTAIN'S NAME: _____

YOUR NAME (if not Capt): _____

TEAM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____

CELL PHONE: _____

E-Mail(Mandatory): _____

SCHEDULES AND UPDATES WILL BE SENT VIA EMAIL ONLY

Please enter my team into the following league(please circle one)

Comments:

NIGHT	Ct 1	Ct 2	Ct 3
Sunday	Men's C	Coed C	Men's B/C / Coed C
Monday	Closed	Men's B / B+	Coed C
Tuesday	Coed C+	Coed C	Coed C
Wednesday	Women's C	Coed C/ Coed C+	Coed C-
Thursday	Coed C+	Men's C+	Coed C
Friday	Coed C	Coed C	Coed C

**Spring League Fees Due
by March 9th, 2018.**

AMOUNT ENCLOSED

Spring + Summer Deposit \$330.00 + \$50.00=\$380.00

Spring + Summer \$330.00 + \$330.00=\$660.00

Late Fee if Paid After March 9th \$25.00

Check	
Cash	
Credit Card	
TOTAL	

PAYMENT METHOD:

<p>CHECK ENCLOSED</p> <p>CASH</p> <p>MASTERCARD</p> <p>VISA</p>	<p>Amount</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>					<p style="text-align: right; margin: 0;">Office Use Only</p> <p>Date: _____ Initials: _____</p> <p>Payment Type: _____</p> <p>Total: _____</p>

<p>Credit Card Number _____</p> <p>Expiration Date & CCV Code _____</p> <p>Address of Card Holder _____</p> <p>City, State, and Zip Code _____</p> <p>Authorized/Cardholder Signature _____</p> <p>Print Name _____</p>	
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PLEASE MAKE CHECKS PAYABLE TO AND RETURN TO:
 Baxter Avenue Volleyball Club
 440 Baxter Avenue, Louisville, KY 40204
 phone - (502) 582-3530 - fax - (502) 582-1344
 or Make your payment online at baxterjacks.com

OFFICE USE ONLY

Date Received: _____ Date in Computer: _____ Date on Paper: _____

