

BAXTER JACK'S COED PAYMENT FORM

CAPTAIN'S NAME: _____
YOUR NAME (if not Capt): _____
TEAM NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
WORK PHONE: _____
HOME PHONE: _____
E-Mail(Mandatory): _____

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

**Summer League Fees Due
by June 15th, 2018.**

AMOUNT ENCLOSED

Summer Payment With Paid Deposit \$280.00
Summer Payment \$330.00
Late Fee if Paid After June 15th \$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> <hr/> <p>Total: _____</p>

Credit Card Number	
Expiration Date	
Authorized/Cardholder Signature	
Print Name	

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: _____