

BAXTER JACK'S MEN'S LEAGUE PAYMENT FORM

Visit us at baxterjacks.com

CAPTAIN'S NAME: _____
 YOUR NAME (if not Capt): _____
 TEAM NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 WORK PHONE: _____
 HOME 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 | Coed C +/ Women's | 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 \$300.00 + \$50.00=\$350.00
 Spring + Summer \$300.00 + \$300.00=\$600.00
 Late Fee if Paid After March 9th \$25.00

| | |
|--------------|--|
| Check | |
| Cash | |
| Credit Card | |
| TOTAL | |

PAYMENT METHOD:

| | Amount | Office Use Only |
|---------------------------------|--------|-----------------------------|
| CHECK ENCLOSED | | Date: _____ Initials: _____ |
| CASH | | Payment Type: _____ |
| MASTERCARD | | Total: _____ |
| VISA | | |
| Credit Card Number | _____ | |
| Expiration Date & CCV Code | _____ | |
| Address of Card Holder | _____ | |
| City, State, and Zip Code | _____ | |
| 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: _____