



# REVOLUTION ACADEMY

## AFTER SCHOOL SOCCER PROGRAM

### SIGN UP SHEET

Athletes Name : \_\_\_\_\_

Parents Names : \_\_\_\_\_ / \_\_\_\_\_

Date of birth : \_\_\_\_\_

Home Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_ / \_\_\_\_\_

E-mail : \_\_\_\_\_ / \_\_\_\_\_

Current School : \_\_\_\_\_

Club Team : \_\_\_\_\_

Position : \_\_\_\_\_

Medicare # : \_\_\_\_\_

Parent (Signature) : \_\_\_\_\_



# REVOLUTION ACADEMY

## AFTER SCHOOL SOCCER PROGRAM

### PAYMENT SHEET

**CREDIT CARD :**

**VISA**



NAME ON CARD : \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE : \_\_\_\_/\_\_\_\_ SECURITY CODE : \_\_\_\_\_

BILLING ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_ POSTAL CODE : \_\_\_\_\_

AMOUNT TO BE CHARGED : \_\_\_\_\_

**By signing this form, you authorize to charge your card for the amount listed above.**

SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

### CHEQUE

DEPOSIT : \_\_\_\_\_ DATE : \_\_\_\_\_

PAYMENT #2 : \_\_\_\_\_ DATE : \_\_\_\_\_

PAYMENT #3 : \_\_\_\_\_ DATE : \_\_\_\_\_