Maryland ODP Payment Form
2011-12
1995/1996 Girls

PLAYER'S NAME (Please Print):_____
(Last Name) *(First Name)*

BIRTH/ODP YEAR: (please circle) 1995 1996 **GENDER:** **FEMALE**

DATE Submitted: _____

Payment is for:
- ☐ Initial Payment $ 100
- ☐ Payment #2 $ 250 Due February 1
- ☐ Payment #3 $ 200 Due March 1
- ☐ Payment #4 $ 200 Due April 1
- ☐ Other _____ $_____

Payment Type: ☐ Credit/Debit Card ☐ Check (payable to MSYSA) Check #_____
❍ VISA ❍ MasterCard ❍ American Express ❍ Discover

Credit/Debit Card Number:_____ **Expiration Date**: _____

NAME ON CARD (Please Print): _____

TELEPHONE: (C)_____(W)_____(H)_____

E-MAIL ADDRESS: _____

I authorize the above amount to be charged to the referenced card for expenses associated with the player's participation in the Maryland ODP.

_____ _____
Cardholder's Signature *Date*

This form must be submitted with every payment to ensure the payment is applied correctly. Please send all payments to: **MSYSA, 221 5th Ave. SE, Glen Burnie, MD 21061 410-768-5406(f) programs@msysa.org**

(MSYSA use only)

MSYSA Account # _____ _____ _____