2011-12 Maryland ODP
PROJECT 100+ Payment Form
Program Fee - $400

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

DATE Submitted: _____ **GENDER:** MALE FEMALE

Payment is for: ☐ **Project 100+ Initial Fee ONLY** **$ 100** - Due December 1, 2011

☐ **Project 100+ Program Fee Balance** **$ 300** – Due February 1, 2012

☐ **Project 100+ FULL Program Fee** **$ 400**

☐ **Project 100+ 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 Project 100+.

_____ _____
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 # _____ _____ _____