



# Maryland ODP Payment Form 2011-12



PLAYER'S NAME (Please Print): \_\_\_\_\_  
(Last Name) (First Name)

BIRTH/ODP YEAR: 1995 1996 1997 1998 1999 GENDER: MALE FEMALE

DATE Submitted: \_\_\_\_\_

Payment is for:  Initial Payment \$ 100  
 Payment #2 \$ 400 Due February 1  
 Payment #3 \$ 500 Due March 1  
 Payment #4 \$ 500 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 # \_\_\_\_\_