



Payment Form

Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____

Contact Email Address: _____

Players Name: _____ Team: _____

Payment for: _____ (July/Aug./Sept/Oct/Nov/all 5 months)

****Payment will be charged on the 1st of the month and confirmation emailed.

****If you choose more than 1 month, a reminder email will be sent prior to the 1st.

Credit Card #: _____

Name on Card: _____

3-Digit Verification # on back of card: _____

Expiration Month/Year: _____

Payment Amount: \$ _____

Yes, please email me a reminder email prior to the 1st. _____

No thank you, I will remember the payment will be taken out on the 1st. _____

Any questions please contact Sharon Grove, Treasurer, at grove@dejazzd.com or 484-645-4273.