

Payment Form



Program _____

Player's Name _____

Age _____ Grade _____ Phone# _____ email _____ @

Cell phone# _____

Total: \$ _____

Payment enclosed.

Bill my credit card.

Check # _____

Cash

Amex

Discover

MasterCard

VISA

Signature _____ Exp.Date _____ / _____

Card # _____

Billing Address _____ Zip Code _____

Make checks payable to
"Superdome Sports"

Credit card payments may be
faxed to (201) 689-1880



134 Hopper Ave. • Waldwick, NJ 07463 • 201-444-7660 • Fax: 201-689-1880

www.superdomesports.com