

PAYMENT 1 OF 4

(12R) \$300.00

DUE DECEMBER 10, 2011

Player _____ Team _____

If paying by Credit Card(Number) _____ Expires _____ / _____

Circle Card Type: VISA MASTERCARD

If paying by Check (Amount)\$ _____ Check Number _____

Please submit Payment Voucher to MAVERICK VOLLEYBALL CLUB,
4300 Brookpark Road, Cleveland, Ohio 44134

Tear here - - - - -

PAYMENT 2 OF 4

(12R) \$200.00

DUE JANUARY 14, 2012

Player _____ Team _____

If paying by Credit Card(Number) _____ Expires _____ / _____

Circle Card Type: VISA MASTERCARD

If paying by Check (Amount \$ _____ Check Number _____

Please submit Payment Voucher to MAVERICK VOLLEYBALL CLUB,
4300 Brookpark Road, Cleveland, Ohio 44134

Tear here - - - - -

PAYMENT 3 OF 4

(12R) \$200.00

DUE FEBRUARY 11, 2012

Player _____ Team _____

If paying by Credit Card(Number) _____ Expires _____ / _____

Circle Card Type: VISA MASTERCARD

If paying by Check (Amount) \$ _____ Check Number _____

Please submit Payment Voucher to MAVERICK VOLLEYBALL CLUB,
4300 Brookpark Road, Cleveland, Ohio 44134

Tear here - - - - -

PAYMENT 4 OF 4

(12R) \$200.00

DUE MARCH 3, 2012

Player _____ Team _____

If paying by Credit Card(Number) _____ Expires _____ / _____

Circle Card Type: VISA MASTERCARD

If paying by Check (Amount) \$ _____ Check Number _____

Please submit Payment Voucher to MAVERICK VOLLEYBALL CLUB,
4300 Brookpark Road, Cleveland, Ohio 44134