

PAYMENT 1 OF 4

(16 National)

\$600.00

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

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PAYMENT 2 OF 4

(16 National)

\$400.00

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

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PAYMENT 3 OF 4

(16 National)

\$350.00

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

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PAYMENT 4 OF 4

(16 National)

\$350.00

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