



Project Information

Client: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

PLAYER NAME: \_\_\_\_\_

Charge Amount: \$ \_\_\_\_\_

Tuition     Travel Payment     Other: \_\_\_\_\_

Credit Card Information

VISA     MASTERCARD     AMEX

\_\_\_\_\_ Card #

\_\_\_\_\_ Expiration Date

\_\_\_\_\_ Card Holder (Print Name)

\_\_\_\_\_ Card Holder's Authorizing Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Card Holder's Billing Address     Same As Above

\_\_\_\_\_ City, State, Zip

THE MAC ATHLETIC CLUB  
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 E: jmckienzie@hotmail.com