

****PAYMENT OF TEAM FEES IS REQUIRED FOR PROPER LIABILITY COVERAGE****

Club/League Financial Report – Payment Information

Payment for the above is being made by credit card information below:

Submit form to Laurie Paule via e-mail laurie.paule@usssa.com along with insurance request form and soccer registration template.

Visa MasterCard American Express

Cardholder Name: _____

Billing Address: _____

City, State, ZIP: _____

Contact Phone: _____ Email: _____

Card Number: _____ Exp Date: _____ CVV: _____

Cardholder Signature: _____



Or to pay by check:
Please make checks payable
to Usports

Usports
P.O. Box 541216
Omaha, NE 68154