



P. 888-695-3248 / info@leagueminder.com
370 Scotch Road
Ewing, NJ 08628

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TOTAL DUE: \$_____ *(please add selected items)*

Athletic Director (Name): _____
School Name: _____
School Address: _____
City: _____ State: _____ ZIP: _____
School Phone: () _____
Athletic Phone: () _____ Ext: _____
Email: _____ Fax: () _____

League Name: _____
Please attach, on a separate sheet, a list of the names (including Address, City and State) of all of the schools that belong to the league. Please specify if you are paying the subscription fee for all of the league schools.

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Credit Card Authorization

PLEASE PRINT:

Customer Name: _____

First Name: _____

Last Name: _____

Payment Type: _____
(Visa/MasterCard/Discover/American Express)

Card Number: _____ Expiration Date: ____/____
mm / yyyy

Security Code: _____ (3 digit Card Verification number located on back of card)
(For American Express- 4 Digit Number on front of card)

Signature: _____ Date: _____

Billing Address: _____

City: _____

State: _____ Zip: _____

Telephone Number: _____

Email Address: _____

Amount to Process on Credit Card: \$ _____

This transaction will be processed thru Vantageonlinestore.com.
Please fax to the attention of Nikki Lorenzini at 267-756-1081.