



REGISTRATION FORM

2018 Quarterback Factory Registration Form

Name of Quarterback _____

Parents' Names _____

City _____ State _____ Zip Code _____

Age _____ Grade _____ Height _____ Weight _____

School/Organization _____

Program Selected

Level 1 Level 2

Payment Method

Check/Cash Credit Card in Full Credit Card Flex Payment Option

*Note: If paying by credit card, you must complete Credit Card Authorization Form on the back of this sheet.
All agreements and payments are final. Refunds will not be given once this form is received and processed.*

QB's Requested Areas of Improvement

1. _____
2. _____
3. _____
4. _____
5. _____

Sending by Mail:

Please mail forms to and make payments payable to:
Chris Baucia
P.O. Box 4115
Crofton, MD 21114

Sending by Fax:

Fax forms to Attn: John Stein
(410) 744-9933
(for Credit Card Options Only)

Office Use Only

Date Received: _____ Payment Type: _____ Amount: _____

Notes: _____



CREDIT CARD AUTHORIZATION FORM

The Quar terback Factory is owned and operated by Chesapeake Sports LLC
PO BOX 4115 Crofton, MD 21114 • PH:410-404-7566 •
www.qbfactory .com

Note: A card must be used that doesn't expire before September 2018

Name of Athlete: _____

Name of Card Holder: _____

Credit Card Type: Visa Master Card

Issuing Bank: _____

Credit Card Number: _____

CVC Number: _____ Expiration Date: _____
3 Digit Number on Back of Card

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Home Number: _____

Mobile Number: _____

Please select from the following options: All payments are non refundable. Initials _____

Pay in Full Bill my credit card once for the following amount (Includes \$50 discount): Level 1: \$1,450.00 Level 2: \$700.00

Flex Payment Bill my credit card once for a non-refundable deposit:

Level 1: \$450.00 Level 2: \$375.00

I would like to pay the remaining balance over:

Choose One: 3 Months

Remaining balance will be billed to card 1 time each month for all contracts with Chesapeake Sports LLC.

Applicant agrees that all of the information is accurate and complete. Initials _____

Applicant also acknowledges that all orders may be terminated at Chesapeake Sports' discretion if any charges are declined or if charge backs are claimed against outstanding invoices. Initials _____

All returned transactions will incur a \$100.00fee including NSF and closed accounts if the balance of the account to Chesapeake Sports is not paid in full. Initials _____

Chesapeake Sports requires full payment of the amount due within 3 days of a returned transaction occurring. Initials _____

Disputes to amounts invoiced should be immediately reported to info@qbfactory.com

Changes in the status of this card can also be reported info@qbfactory.com

Signature: _____ Date: _____