



PRACTICE GEAR ORDER FORM

SUBMITTED BY _____

EMAIL/PH # _____

COACH _____

TEAM _____

TOPS/SHORTS SIZES: YOUTH (YXS, YS, YM, YL, YXL) WOMENS (WS, WM, WL, WXL) MENS (MS, MM, ML, MXL) SOCKS SIZES: (Kids)XS, S / (Adults)M, L

	PLAYER NAME	TOPS	SHORTS	SOCKS	RECEIVED (Signature Required)	DATE
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
18)						