

UNIFORM REQUEST FORM

THIS FORM **MUST** BE RETURNED BEFORE (2/13)!

COACH: _____

PLAYER'S NAME: _____ Grade _____

T-SHIRT NUMBER: Option 1# _____ Option 2# _____ *If no number is selected a number will be chosen for you.*

Please circle the appropriate sizes.

YOUTH T-SHIRTS

SIZE	YS	YM	YL
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ADULT T-SHIRTS

SIZE	AS	AM	AL	AXL	A2XL	A3XL
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Cost of the T-shirt is \$10.00. Your child will be able to keep their T-shirt.

CHECKS ARE TO BE MADE PAYABLE TO (SFCPC) INCLUDED WITH THIS FORM.

Note: CYO Fees of \$45 for the season are handled separately and parents can write one check for CYO fees and T-Shirt payable to SFCPC.

PARENT SIGNATURE: _____

DATE: _____

Check# _____ Total\$ _____