

SPORTING CA USA 24/25 PRACTICE GEAR



TEAM: _____
 COACH: _____
 MANAGER: _____
 CONTACT EMAIL: _____

SIZES: YOUTH (YS, YM, YL, YXL)
 WOMEN: (WS, WM, WL, WXL)
 MEN: (MS, MM, ML, MXL)
 SOCKS: (XS, S, M, L)

1	PLAYER NAME	SIZES: TOP(S)	SHORTS	SOCKS	RECEIVED (Signature Required)	DATE
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3						
4						
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