

24/25 PRACTICE GEAR ORDER FORM



TEAM/COACH: _____

MANAGER: _____

CONTACT EMAIL: _____

DATE: _____

Available Sizes: **Youth:** (YS, YM, YL, YXL)

Women: (WS, WM, WL, WXL) / **Men:** (MS, MM, ML, MXL)

	PLAYER NAME	SIZES: TOP(S)	SHORTS	SOCKS
1				
2				
3				
4				
5				
6				
7				
8				
9				
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11				
12				
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