

Coastal Lacrosse Club

Team Gear Order Form for Boys

Player: _____

Level of Play: Scoopers U-9 U-11 U-13 U-15

Parent's Name: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Team Jersey: **Youth** Med. Lg. **Adult** Sm. Med. Lg. XL
(Circle size choice.) (Circle size choice.)

Jerseys will be collected at the end of the season.

Lax Shorts: \$24.00

Youth Sm. Med. Lg. **Adult** Sm. Med. Lg.
(Circle size choice.) (Circle size choice.)

Jerseys run a bit small. We recommend you ordering a size up.

Total Amount Enclosed: _____

Please make checks payable to Coastal Lacrosse Club.

Please do not write below this line.
Reserved for Coastal Lacrosse Uniform Committee.

Team: _____

Coach: _____

Jersey Number Assigned to Player: _____