

Coastal Lacrosse Club

Team Gear Order Form for Girls

Player: _____

Level of Play: Grades: Scoopers 1/2 3/4 5/6 7/8

Parent's Name: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

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

Jerseys will be collected at the end of the season.

Lax Skirt: \$20.00

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

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: _____