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TEAM UNIFORM - SOCCER

League:_____ Team:_____ Age Group: _____

Coach/Director:_____ Email:_____ Phone:_____

		Home Jersey	Away Jersey	Home Short	Away Short	Home Sock	Away Sock	Practice Tee
	Color:							
#	Player Name	Size (YS-AXL)	Size (YS-AXL)	Size (YS-AXL)	Size (YS-AXL)	Size (Y-AS-AL)	Size (Y-AS-AL)	Size (YS-AXL)

Totals	YS	YM	YL	AS	AM	AL	AXL	Y (socks)	S (socks)	L (socks)	Totals
											0
											0
											0
											0
											0
											0
											0

Completed by:_____ Date:_____

Email Form

CLEAR FORM