

SAUGUS YOUTH SOCCER UNIFORM FORM

DATE: _____	PAID BY:
Player Name: _____	Check # _____ Cash
PHONE #: _____	BACK NUMBER: <i>(coaches will make final decision)</i>
Parent email: _____	
Age Group: U _____	

	YOUTH			ADULT					\$35.00
TOPS	YS(6-8) <input type="checkbox"/>	YM(10-12) <input type="checkbox"/>	YL(14-16) <input type="checkbox"/>	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/>	2XL <input type="checkbox"/>	
SHORTS	YS(6-8) <input type="checkbox"/>	YM(10-12) <input type="checkbox"/>	YL(14-16) <input type="checkbox"/>	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/>	2XL <input type="checkbox"/>	
SOCKS	YOUTH(7-9) <input type="checkbox"/>		INTERMEDIATE(9-11) <input type="checkbox"/>		ADULT(10-13) <input type="checkbox"/>				

Please Make Sure the Sizes and Numbers You Order Are Correct - ALL ORDERS ARE FINAL

Checks made payable to **Blanch & Son**

Orders for Fall Season must be received by July 8th:

Mail order form and check to:
Dina Meagher
2 Pearl Rd
Saugus, MA 01906