Team Division Club Form 1.0

soccer stop™
www.soccerstop.com

Club Name: _____ Age/Team Name: _____

Bill to Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Email Address: _____

Phone: _____ Fax: _____ Contact: _____

Contact Name: _____ Due Date: _____

| PLAYER NAME | PLAYER # | DARK JERSEY | LIGHT JERSEY | DARK SHORT | LIGHT SHORT | SOCK M/L | TEAM BAG | WARM TOP | WARM PANT | WARM UP | PLAYER INITIALS |
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Please reference your Team Manager Manual for correct sizing abbreviations i.e. (WS) & Warm-Up scenario i.e. (Jacket + Pant or Warm-Up Suit)

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