

Due  
August 30th

# UNIFORM EXCHANGE FORM

Due  
August 30th

Age Group: \_\_\_\_\_ Team Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Uniform Color: \_\_\_\_\_ # Players: \_\_\_\_\_

Series of Jersey Numbers: \_\_\_\_\_

## JERSEYS

Size	Quantity Returned	Quantity Needed
YXS		
YS		
YM		
YL		
AS		
AM		
AL		
AXL		

## SHORTS

Size	Quantity Returned	Quantity Needed
YXS		
YS		
YM		
YL		
AS		
AM		
AL		
AXL		

Notes:

Email to [megan.marek@hotsoccer.net](mailto:megan.marek@hotsoccer.net)

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