



Royal Palm Beach Strikers, Inc.

Uniform Order Form for U _____ Team

Player Name	Player #	Jersey Size	Shorts Size	Socks Size	Amt Paid Cash or Check #

Please use the following sizes: YS, YM, YL, YXL, AS, AM, AL, AXL

Completed By: _____

Date: _____

Received By: _____

Date: _____

Delivered By: _____

Date: _____

Original-Uniform Coordinator; Yellow-Treasurer; Pink-Team Manager/Coach

Please remember to include a copy of your Deposit Form showing uniform payment