

RUSTIN KNIGHTS UNIFORM ORDER FORM



TEAM (circle one) **VARSITY** **JVA** **JVB** **MSAA** **MSA** **MSB** **ELEM**

GRADE LEVEL FOR THE UPCOMING SEASON _____

Player's Last Name (print clearly) _____

Player's First Name (print clearly) _____

Home Phone Number _____ E-Mail Address _____

New Member/Jersey Order _____ Replacement/Jersey Order _____ (check one)

JERSEY NUMBER (only fill out if you do not have an existing number)

1st choice _____ 2nd choice _____ 3rd choice _____ 4th choice _____

Rustin Hockey Board Representative
Approval Signature for Jersey Number

CIRCLE SIZE REQUESTED

<u>Jersey sizes</u>	Youth:	L/XL					
	Adult:	S	M	L	XL	XXL	Goalie Cut
<u>Shell sizes</u>	Youth:	S	M	L			
	Adult:	S	M	L	XL	XXL	
<u>Sock sizes</u>	Youth	Intermediate		Adult			

CHARGES

<u>Jerseys</u>	Vegas Gold / Blue _____	@ \$70.00 each	\$ _____
	Blue _____	@ \$40.00 each	\$ _____
<u>Socks</u> (one style)		@ \$10.00 each	\$ _____
<u>Shell</u> (one style)		@ \$30.00 each	\$ _____
TOTAL DUE			\$ _____

PAYMENT IN FULL MUST ACCOMPANY THIS FORM

Mail completed form and check made payable to Rustin Ice Hockey
Karen Young
1190 Fielding Drive
West Chester, Pa 19382

Questions: E-Mail Karen Young at payoungs5@comcast.net