PSO Soccer
UNIFORM ORDER FORM

Team Name:	
Division (Age Group):	
Last Season Played:	

Head Coaches Contact Information
(Please fill out completely):

Name:

Home #:

Cell #:

E-Mail:

Credit Card Number: Exp Date:

UNIFORM INFORMATION

*Player / Coach Name	Jersey	Shorts	Socks	Jersey # (1-50)
	____	____	____	
	____	____	____	
	____	____	____	
	____	____	____	
	____	____	____	
	____	____	____	
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	____	____	____	
	____	____	____	
	____	____	____	
	____	____	____	

DEADLINE DATE: **Orders are due by January 20th**
Orders placed after Jan 20th are not guaranteed to arrive by first game.

SUBMIT TO: Don by fax at 972-235-4123 or email donsportsd@aol.com.

	Jersey Information	Shorts Information	
Fill-in uniform style	**Jersey Style:** **Jersey Color:**	**Short Style: Horizon** **Short Color:**	
Additional Information			