

DRACUT SOCCER ASSOCIATION

TRAVEL UNIFORM ORDER INFORMATION

This form is to be completed by a parent or guardian

PLAYER INFORMATION

Name: _____

Date of Birth: _____ Contact No.: _____

PARENT/GUARDIAN INFORMATION

Name: _____

Address: _____

Phone No.: _____ Email: _____

SIZING INFORMATION

Jersey Size (circle one): YM YL AS AM AL AXL 2XL

Player's Last Name (please print clearly): _____

Shorts Size (circle one): YM YL AS AM AL AXL 2XL

PAYMENT INFORMATION:

Uniform Kit price: \$60 (2 jerseys – Navy/White & White/Navy; 1 pair Navy Blue shorts; 1 pair Navy Blue socks)

Check No. (Payable to DSA) _____ **AMT** _____ **CASH PAID \$** _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

MAIL FORM & PAYMENT TO: DSA, ATTN: UNIFORMS, PO BOX 412, DRACUT, MA 01826