LYSL Travel Team Order Form

ORDER FORM INSTRUCTIONS

1. A travel team coach or manager must complete and sign the order form.
2. This form must be submitted to the LYSL Equipment Committee in person or by mail (refer to Section 2).

COACH'S OR MANAGER'S INFORMATION

Last Name:_____ First Name:_____ Middle Initial:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Phone:_____ Travel Team:_____ (e.g. U12 Boys - Cougars)

ORDER INFORMATION

EQUIPMENT:

ITEM	QTY	ITEM	QTY
Game Balls:		First Aid Kit Refill Items:	
Cones:		Band-Aids (1"):	
Goalie Jerseys:		Cold Packs:	
Player Awards:		Tape, Medical:	
Coach's Shirts:		First Aid Cream:	
Equipment Bags:		Towelettes:	
Goal Nets (W:_____, H:_____):		Bandages (2"):	
Corner Flags:		Gauze Pads (4"):	
Field Marking Paint:		Gloves:	
First Aid Kits:		Other: _____	
Patches:			

UNIFORMS:

ITEM	QTY	SIZE	NUMBERS
Jerseys, Home:			
Jerseys, Away:			
Shorts:			
Socks:			

Signature:_____ Date:_____

OFFICIAL USE ONLY

Order Received Date:_____

Order Delivered Date:_____