Team Division Club Form 1.0

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www.soccerstop.com

Club Name: _____ Age/Team Name: _____

Bill to Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Email Address: _____

Phone: _____ Fax: _____ Contact: _____

Contact Name: _____ Due Date: _____

PLAYER NAME	PLAYER #	DARK JERSEY	LIGHT JERSEY	DARK SHORT	LIGHT SHORT	SOCK M/L	TEAM BAG	WARM TOP	WARM PANT	WARM UP	PLAYER INITIALS

Please reference your Team Manager Manual for correct sizing abbreviations i.e. (WS) & Warm-Up scenario i.e. (Jacket + Pant or Warm-Up Suit)

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