

Special Needs Sports Uniform Order

Players Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone number: _____ **Gender:** _____

Shirt Size:

Children Sizes: YXS YS YM YL

Adult Sizes: AS AM AL AXL AXXL

Short Size:

Children Sizes: YXS YS YM YL

Adult Sizes: AS AM AL AXL AXXL

Sock Size:

Youth Adult Adult X Large

Uniform Number at time of order: _____

For Office Use Only:

Date ordered: _____ Date delivered: _____