



TAGLINE ORDER FORM

(COST IS \$5.00 AND IS DUE OCTOBER 8TH)

NAME OF PLAYER: _____

DIVISION: _____

TEAM NAME: _____

PARENT OR GUARDIAN: _____

PHONE: _____

TEAM MOM: _____

TEAM MOM PHONE: _____

25 WORDS OR LESS: (please print clearly) One player per form please.

PAYMENT ENCLOSED: _____ HOW: CASH OR CHECK DATE: _____

League Use Only:

Payment Received Date: _____

check cash

Received By: _____

Verified: _____

Date Given to Treasurer: _____

Verified: _____