



TAGLINE ORDER FORM

NAME OF PLAYER: _____

DIVISION: _____

TEAM NAME: _____

PARENT OR GUARDIAN: _____

PHONE: _____

TEAM MOM: _____

TEAM MOM PHONE: _____

25 WORDS OF LESS: (please print clearly)

PAYMENT ENCLOSED: _____ HOW: _____ DATE _____

League Use Only:
Payment received Date: _____ Check Cash
Received By: _____ Verified: _____
Date Given to Treasurer: _____ Verified: _____