SMACK SPORTSWEAR
TEAM ORDER FORM #2 – PLAYER NUMBERS/SIZES

TEAM_____
COACH_____
PHONE_____

TEAM	#	PLAYER NAME	JERSEYS						SHORTS																	
			XS	S	M	L	XL	XX	XS	S	M	L	XL	XX												
16-1	*25*	*Jane Doe*		*x*						*x*																

COACH SIGNATURE_____ **DATE** _____

Please review the above very carefully before signing. Additional charges may apply for changes made after submission of approved order. Fax this completed form to 310-388-1182 or email to orders@SmackSportswear.com. If other sizes required please record above. Pg _ of __