## New Hope Sports Commission PO Box 10, Lucama NC 27851

## **Baseball/Softball Shirt Order Form**

Player's Name	<b>:</b>			Player #	
Parents Name:					
Team Age Division:		Coach:	Tear	Team Shirt Color:	
	AS AM	Price: \$12.00 AXXLg			
Please put name that you would like to have on the back of shirt.  Example: John Doe (Legibly write John or write Doe)					
•			·	Player #	
Hats may be o	rdered with the	same colors as yo	ur child's team fo	r \$9.00.	
		nild size if you wan			
Adult:	Cniia:				

All orders must be turned into Mickey Davis by Friday, April 17, by 12:00pm with money. If no form or money, shirt will not be ordered. There will not be any re-orders this season.

Thanks, Mickey