SAINTS HOCKEY CLUB • SAINTS HOCKEY CLUB • SAINTS HOCKEY CLUB • SAINTS HOCKEY CLUB • SAINTS HOCKEY CLUB

Parents Full Name: _____

Player's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Coach: _____

Youth sizes: sm(6-8) md(10-12) lg(14-16)

Please submit full payment with order. Thank You

	Qty	Youth Size	Adult Size	Style#	Player Name	Number	Price	Total
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

For all sizes 2XL ADD $2
For all sizes 3XL ADD $4

NYS Clothing Tax (Subtotal x 1.0475%)

Total

All orders must go thru:
Leah DiRienzo 716-697-2490
onceawildcat67@gmail.com

Please make checks payable to: _____

Please print clearly to eliminate spelling & number errors

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