



Westfield United SC

2009 Equipment Order

Player's Name [Fillable]
 Address [Fillable]
 Telephone No. [Fillable]

Date:
 Team:
 Coach:

| Qty | Item # | Description | Size | Unit Price | Line Total |
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| Total | | | | | |

| Sleeve Engraving | Item # | Name or Wording (PRINT CLEARLY) |
|------------------|--------|---------------------------------|
| Y / N | | |
| Y / N | | |

| Date Paid | Check # | Amount Paid |
|-----------|---------|-------------|
| | | |

Make all checks payable to Westfield United Soccer Club
 Good Luck This Season!!