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TEAM ROSTER

GAME

TEAM ROSTER INFORMATION

Customer PO# _____ Customer # _____ Date Received _____

Team Name _____ Contact Name _____ Date Entered _____

_____ Phone _____ (OFFICE USE ONLY): SO#

PLEASE COMPLETE THIS FORM WITH ALL DECORATION REQUIREMENTS THAT APPLY AND FAX, E-MAIL, or MAIL BACK TO GAME.

NAME	SIZE	LEFT CHEST DECORATION	RIGHT CHEST DECORATION	LEFT SLEEVE DECORATION	RIGHT SLEEVE DECORATION	CENTER FRONT DECORATION	COLLAR/HOOD DECORATION	BACK DECORATION & LOCATION	POCKET DECORATION