



Team Visor & Cap Order Form

Return this form and payment (if any) to your Division Commissioner by Feb. 1st to ensure delivery by Picture Day

Team Name: _____ Team # _____

Division: 16U 12U IOU 8U 6U Visor Color: _____ Stitch Color: _____

Uniform Contact: _____ Phone: _____

Team Name: **BLOCK** or *Script* (circle one) Player Name: **BLOCK** or *Script* (circle one)

PLAYER VISORS (One per rostered player at no cost)

	Player Name	Name or Nickname (embroidered on side of visor)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

COACHES CAPS or VISORS (Two per team at no cost)

	Coach's Name	Cap or Visor?	Name (embroidered on side of visor or back of cap)
1			
2			

Additional Caps or Visors (\$15 each, please make check payable to SSJSB)

	Name	Cap or Visor?	Name (embroidered on side of visor or back of cap)
1			
2			
3			
4			
5			
6			

Please fill out carefully, no changes to order can be made once placed.