



Date of Order:

Hockey Jersey ORDER Form

Shipping Address:		Region:	
Contact Name:		Work:	
Season Start Date:		Home:	
Number of Teams:		Fax/ E-mail:	

<u>QUANTITY</u>	<u>JERSEY NUMBERS</u>	<u>YOUTH MED.</u> Ave. 4-5 yrs olds	<u>YOUTH LARGE</u> Ave. 5, 6, 7 yrs olds	<u>Style Code</u>

Placement of Tim Hortons Logo: Front Centre
 Placement of Association Logo: Left Shoulder

SEND YOUR ORDER FORM & ASSOCIATION LOGO TO
[**trevor@hockeycalgary.com**](mailto:trevor@hockeycalgary.com)

Please ATTACH this ORDER FORM on the Box(s) of this Jersey Order to:

ASSOCIATIONS LEAVE THIS BOX BLANK

