



REPRESENTATIVE TEAM UNIFORM ORDER FORM

To be completed and returned to the office no later than
6 weeks prior to the carnival or championship
you have been selected for

REPRESENTATIVE TEAM: _____

PLAYER NAME: _____

SHORTS (\$22) SIZE (waist in cms): _____ QUANTITY: _____

SOCKS (\$12) SIZE (yths, adult, xlarge): _____ QUANTITY: _____

SKIRT (\$32) SIZE (10, 12, 14 etc): _____ QUANTITY: _____

SKORT (\$37) SIZE (XS, S, M, L etc): _____ QUANTITY: _____

TRACKSUIT JACKET (\$74) SIZE(chest in cms): _____ QUANTITY: _____

TRACKSUIT PANTS (\$52) SIZE(waist in cms): _____ QUANTITY: _____

SIGNATURE: _____

DATE: _____