

BC United

Soccer Association

Equipment Form

Date: _____

Team Name: _____ Age Group: _____

Contact Person _____ Phone: _____

Signature: _____

Primary Uniform: (shirt only)

Size	Numbers	Quantity
XL	_____	_____
L	_____	_____
M	_____	_____
S	_____	_____

Secondary Uniform: (shirt only)

Size	Numbers	Quantity
XL	_____	_____
L	_____	_____
M	_____	_____
S	_____	_____

Shorts:

Size	Quantity
XL	_____
L	_____
M	_____
S	_____

Socks:

10 - 13	_____
8 1/2 - 11	_____

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Equipment Ordered

Date: _____
 Team: _____
 Team Age: _____
 Manager: _____

	Quantity	Price	Total
Primary Uniforms:	_____	_____	_____
Secondary Uniforms:	_____	_____	_____
Shorts:	_____	_____	_____
Socks:	_____	_____	_____
Warm-ups:	_____	_____	_____
Hats:	_____	_____	_____
Coaches Shirts:	_____	_____	_____
Coaches Sweatshirts:	_____	_____	_____
Patches:	_____	_____	_____
Balls			
Size 4	_____	_____	_____
Size 5	_____	_____	_____
Ball Bag:	_____	_____	_____
Cones:	_____	_____	_____
Pinnies:	_____	_____	_____
First Aid Kit:	_____	_____	_____
Other:	_____	_____	_____

Team Account Charged _____