

Snow Valley Skating Club ORDER FORM

SKATER'S NAME:

PARENT/GUARDIAN PHONE NUMBER:

PARENT/GUARDIAN EMAIL:



Youth Sizes

4 YS

6 YM

YXS YL

Adult Sizes

XS L

S XL

M XXL

XXXL

JACKET QUANTITY:



Youth Sizes

4 YS

6 YM

YXS YL

Adult Sizes

XS L

S XL

M XXL

SKORT QUANTITY:

Snow Valley Skating Club

ORDER FORM



Youth Sizes

4 YS

6 YM

YXS YL

Adult Sizes

XS L

S XL

M XXL

LEGGING QUANTITY:

ORDER TOTAL:

By signing you are in agreeance that the above order is correct in terms of size, and quantity for your child. In addition, you understand that your order will not be placed without payment prior to the deadline. All payments are to be made via EMT to snowvalleytreasurer@gmail.com. In addition we would like to note that product colors you see within this PDF may vary slightly from the actual product you will receive.

Payment Deadline: _____

PARENT/GUARDIAN SIGNATURE:
