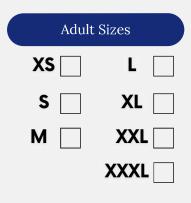
Snow Valley Skating Unb ORDER FORM

SKATER'S NAME:	
PARENT/GUARDIAN PHONE NUMBER:	
PARENT/GUARDIAN EMAIL:	



Yout	th Sizes
4	YS
6	YM 🗌
YXS	YL



JACKET QUANTITY:



Youth Sizes		
4	YS	
6	YM _	
YXS	YL	

Adult Sizes		
XS 🗌	L _	
S	XL 🗌	
M	XXL	

SKORT QUANTITY:

Snow Valley Skating Unb 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: