

# SOUTH LANGLEY STALLIONS BASKETBALL



**\$13**



**\$25**



**\$20**

PARENT NAME: \_\_\_\_\_

ATHLETE NAME: \_\_\_\_\_ Division: \_\_\_\_\_

**CIRCLE YOUR DESIRED GARMENT(S)**

TSHIRT

YS YM YL S M L XL

HOODIE

YS YM YL S M L XL

SHOOTER SHIRT

XS S M L XL



PLEASE RETURN FORM WITH PAYMENT TO YOUR ADULT COACH.