



# HILINE YOUTH HOCKEY JERSEY ORDER FORM

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Player Name: \_\_\_\_\_

Jersey size (specify youth or adult): \_\_\_\_\_

Jersey number:      1<sup>st</sup> choice: \_\_\_\_\_      2<sup>nd</sup> choice: \_\_\_\_\_      3<sup>rd</sup> choice: \_\_\_\_\_

Age: \_\_\_\_\_      Team(s) \_\_\_\_\_

**\*\*Please list both teams if you child is cross rostered\*\***

Jersey Style (circle one):      Original \$60/each      High School \$75/each

Color (circle one):      Both      Black      White

\*This form can be turned in during registration or emailed to Christina Hunter at  
**hunter@glasgow.k12.mt.us.**

Jersey order must be paid in full before being picked up.

Contact Christina @ (406)263-5838 with any questions.

FOR OFFICE USE ONLY:

PAID:    cash \_\_\_\_\_ check \_\_\_\_\_

Date ordered (D&G): \_\_\_\_\_

Date Paid: \_\_\_\_\_

Given to: \_\_\_\_\_

Payment received by: \_\_\_\_\_

Date: \_\_\_\_\_