SKATE SEAWAY CLUB GEAR ORDER FORM

Skater's Name: _____ **Parent/Guardian Name(s):** _____

Email: _____ **Phone #** _____









RETURN FORMS TO: skate.seaway@gmail.com **ORDERS DUE: Nov. 22**

Item letter	*Quantity*	*Size* *Specify men's, ladies or youth Sizes 2XL and larger + $3*	Optional name on sleeve *(first name only) +$10*	Price Each	TOTAL
				$	$
				$	$
				$	$
				$	$
				TOTAL	$

CASH ☐ **CHEQUE** ☐ Payable to Skate Seaway Skating Club **E-Transfer** ☐ skate.seaway@gmail.com