

PLEASE COMPLETE FORM AND MAIL WITH CHECK FOR TOTAL TO ADDRESS BELOW

# Lakefront SC Mask Order Form



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

Team Name \_\_\_\_\_

Coach \_\_\_\_\_

**Mask 1** (check one) Blue \_\_\_\_\_ Lime \_\_\_\_\_ \$15.00 \$ \_\_\_\_\_

Optional Customization **SELECT ONE OPTION**

Name \_\_\_\_\_ **OR** Number \_\_\_\_\_ \$ 2.00 \$ \_\_\_\_\_  
(limit 8 characters) (limit 2 characters)

**Mask 2** (check one) Blue \_\_\_\_\_ Lime \_\_\_\_\_ \$15.00 \$ \_\_\_\_\_

Optional Customization **SELECT ONE OPTION**

Name \_\_\_\_\_ **OR** Number \_\_\_\_\_ \$ 2.00 \$ \_\_\_\_\_  
(limit 8 characters) (limit 2 characters)

**Mask 3** (check one) Blue \_\_\_\_\_ Lime \_\_\_\_\_ \$15.00 \$ \_\_\_\_\_

Optional Customization **SELECT ONE OPTION**

Name \_\_\_\_\_ **OR** Number \_\_\_\_\_ \$ 2.00 \$ \_\_\_\_\_  
(limit 8 characters) (limit 2 characters)

**Mask 4** (check one) Blue \_\_\_\_\_ Lime \_\_\_\_\_ \$15.00 \$ \_\_\_\_\_

Optional Customization **SELECT ONE OPTION**

Name \_\_\_\_\_ **OR** Number \_\_\_\_\_ \$ 2.00 \$ \_\_\_\_\_  
(limit 8 characters) (limit 2 characters)

\_\_\_\_\_  
Parent Signature Required **Total Amount Due** \$ \_\_\_\_\_

\*\*\*\*\*

Office Use payment amount received \$ \_\_\_\_\_ Check # \_\_\_\_\_ Staff \_\_\_\_\_