

Monroe Premier F.C. Uniform Replacement Program

Contact or Parent: Contact or Parent Address: Coaches Name: Players Jersey Number: Jersey Top (Circle or input size \$20.00 per top) Navy YS YM YL AS AM AL Size Quantity Yellow: YS YM YL AS AM AL Size Quantity Shorts (Circle or input size \$15.00 per short) Navy: YS YM YL AS AM AL Size Quantity Socks (Circle or input size \$10.00 per pair) Navy: YS YM YL AS AM AL Size Quantity Total Cost: (please make checks payable to Monroe Soc Association and mail form and check to: PO Box 24, Monroe OH 45050)	Player 1	Name: _						
Coaches Name:	Contact	t or Par	ent:					
Players Jersey Number:	Contact	t or Par	ent Addre	ess:				
Jersey Top (Circle or input size \$20.00 per top) Navy YS YM YL AS AM AL Size Quantity Yellow: YS YM YL AS AM AL Size Quantity Shorts (Circle or input size \$15.00 per short) Navy: YS YM YL AS AM AL Size Quantity Socks (Circle or input size \$10.00 per pair) Navy: YS YM YL AS AM AL Size Quantity	Coache	s Name	2 :					
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Size Quantity					_			
	Navy:	YS	YM	YL	AS	AM	AL	
Total Cost: (please make checks payable to Monroe Soc	Size	Qua	ntity					
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	Total C	cost:	d mail fo	rm and a	(]	please ma	ke checks payable to N	Monroe Soc

uniforms@monroepremierfc.org