

# Tri County Uniform Order Form

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

Player Number: \_\_\_\_\_ Player Type: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Jersey/Practice Shirts: \_\_\_\_\_

Shorts: \_\_\_\_\_

Full Kit

Black Kit only

Full Zip Jacket: \_\_\_\_\_

Training Pants: \_\_\_\_\_

Shoe Size: \_\_\_\_\_

Fill out each box, Save and email  
to both,  
[tcsc.registrar@outlook.com](mailto:tcsc.registrar@outlook.com)  
[csu@selectsportamerica.com](mailto:csu@selectsportamerica.com)

Save: