



York Suburban Booster Club Sign Order Form

ORDERED BY:

Name: _____
Phone: _____
Email: _____

WINTER ORDER

DUE BY:

December 11th- 8am

PLEASE SUBMIT ONE FORM PER SPORT - CHECK ONE BOX BELOW

- | | | |
|--|---|---|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis - BOYS |
| <input type="checkbox"/> Basketball - BOYS | <input type="checkbox"/> Lacrosse - BOYS | <input type="checkbox"/> Tennis - GIRLS |
| <input type="checkbox"/> Basketball - GIRLS | <input type="checkbox"/> Lacrosse - GIRLS | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Soccer - BOYS | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Cross Country - BOYS | <input type="checkbox"/> Soccer - GIRLS | <input type="checkbox"/> Volleyball - BOYS |
| <input type="checkbox"/> Cross Country - GIRLS | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball - GIRLS |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Swimming - BOYS | <input type="checkbox"/> None |
| <input type="checkbox"/> Football | <input type="checkbox"/> Swimming - GIRLS | <input type="checkbox"/> Custom: _____ |

NAME - EXACTLY AS IT SHOULD APPEAR ON THE SIGN:

No Name

JERSEY NUMBER (if applicable)

No Number

Quantity: _____ **x \$20 each = Total Amount Enclosed \$** _____

PAID BY CASH
 CHECK # _____

Payable to "York Suburban All-Sports Booster Club"

**For questions or more information please contact: Your team representative
or Rachel Quinn at ysasbcsec@yahoo.com or 717-515-0278**

**Please turn order form and money into the High School office
no later than 3:00pm on December 1st**