



# York Suburban Booster Club Magnet Order Form

**ORDERED BY:**

**Ask your team rep  
when orders are due.**

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

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

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

**5.63" Circle Magnet - Personalized**

**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 MAGNET:**  
\_\_\_\_\_

No Name

**JERSEY NUMBER (if applicable)**  
# \_\_\_\_\_

No Number

**Quantity:** \_\_\_\_\_ x \$10 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 ysubcsec@yahoo.com or 717-515-0278**

**Please turn order form and money into the High School office.  
Ask your Team Rep when orders are due.**