



York Suburban Booster Club Sign Order Form

ORDERED BY:

Name: _____
Phone: _____
Email: _____

**Ask your Team Rep
when orders are due.**

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 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.**