

# FSCN Uniform Change Request

Player's Name: \_\_\_\_\_ Player # (if assigned): \_\_\_\_\_

Birth Year: \_\_\_\_\_

Jersey	YS	YM	YL	YXL	AS	AM	AL
Shorts	YS	YM	YL	YXL	AS	AM	AL
Sweat Jacket	YS	YM	YL	YXL	AS	AM	AL
Sweat Pants	YS	YM	YL	YXL	AS	AM	AL
Training Shirt	YS	YM	YL	YXL	AS	AM	AL
Socks	Youth Shoe Sz. _____			Adult Shoe Sz. _____			

By signing below I understand this will change the sizes originally selected during the online tryout sign up process and supersedes my original agreement. I also understand that uniforms are nonreturnable and nonrefundable. Orders are only submitted if you are offered a spot on the team.

Parent's printed Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_