



Flyers Helmet Order Form

Name: _____

Address: _____

Phone: _____

Email _____

Grade _____

Helmet (Select One): Quantity:

Cascade "S" _____ @ \$210

Cascade "R" _____ @ \$175

TOTAL Check Enclosed \$ _____

Make checks payable to: **City of Framingham** and in the Memo section: **Boys Lacrosse**

Return Order Form and Check to Coach Stefanini or mail to:

FHS Lacrosse Boys Lacrosse
c/o Damon Sherwood
3 Ditullio Dr.
Framingham, MA 01701