

Resource Order Form

Order Inforn	nation				
Name:					_
Club:					_
Address:					
					_
Phone:					_
					-
Resources F	Require	d			
Positional A	rmband	ls- U9 and U	1 <u>10s</u>		
			x white, 5 x yellov	w armbands	
No. of sets:		x \$60 each			
Cost:	\$				
<u>Team Managers Bibs</u>			Coaches Bib		
No. of bibs:		x \$20 each	No. of bibs:		_x \$20 each
Cost:	\$		Cost:	\$	
Pink Bibs (Medical)			Pink Bibs (R	unners)	
No. of bibs:		x \$20 each	No. of bibs:		x \$20 each
Cost:	\$		Cost:	\$	_
	т.	•			
TOTAL COS	1:	\$			
			_		
Please retur	-		0:		
AFL Sydney PO Box 333	Juniors				
Strawberry H	ills NSV	/ 2012			

Or fax to:

Att: SJ Football Operations (02) 9360 2255

Payment

AFL SJ will invoice clubs directly