



2010 Mid-Atlantic Cup T-SHIRT PRE-ORDER FORM

Club & Team Name _____

Age Group: U-_____ Boys or Girls (circle one)

Primary Contact: _____

Phone: _____

E-Mail : _____

Size	Quantity
Youth Medium	_____
Youth Large	_____
Adult Small	_____
Adult Medium	_____
Adult Large	_____
Adult Extra Large	_____

Total _____ x \$10.00 = \$ _____ Enclosed

We ask that you please place your orders as a team!

All pre-orders can be picked up on Friday, June 11th, from 12:00pm to 9:00pm, at tournament registration.

Please fax completed pre-order form with the following information to 301-540-4276:

Visa or MasterCard (circle)

Card #: _____ - _____ - _____ - _____ Exp. Date: _____

V-Code: _____ (3-digit number on back of card)

Signature of Card Holder: _____