



2008 – 2009 Season Equipment Order Form

Order Date: _____

(Please print)

Player's Name _____ Team _____

D.O.B _____ Parent/Guardian _____

Billing Address _____

City/Town _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

Email Address: _____ Last Name on Jersey (if required by team) _____

Jersey Number: _____ Numbers will be allotted on availability, criteria and team approval

Wind suit Jacket Number _____ Name _____ Pant Number _____ Shell Number _____

Notes:

All information must be completed to place order. Sample sizes will be available for try on. It is the player's responsibility to try the equipment on prior to ordering and ensure that all equipment fits correctly.

No refunds or exchanges will be given.

Orders will be place on 6/1st and 7/6th.

If a check is written order will not be placed until check has cleared.

There is a \$ 30.00 return check fee

Normal delivery time begins from the dates indicated and is approximately 7 to 9 weeks.

PLEASE SEE OTHER SIDE

(Please circle)

Jersey Size: Youth S, M, L, XL or Adult S, M, L, XL, XXL, Goalie

Sock Size: Mite, Youth, Intermediate, Adult

Pant Cover (Shell) Size: S, M, L, XL, or Adult S, M, L, XL, XXL

Jacket Size: S M L XL or Adult XS S M L XL XXL XXXL

Pant Size: S M L XL or Adult XS S M L XL XXL XXXL

Payment is due at time of order: (Prices include sales tax)

Package # 1: (Home and Away Jersey and Socks, Practice Jersey) _____	\$230.60	\$ _____
Home and Away Jersey's Home ___ Away ___ Number ___ Size ___	\$115.00 each	\$ _____
Socks Only – Home ___ Away ___ or Practice ___ Size ___	\$11.00 each	\$ _____
Practice Jersey Size _____	\$12.00	\$ _____
Pant Cover with embroidered Clipper logo and Number ___ Size ___	\$35.00	\$ _____
Wind suit Jacket Adult Size ___ Name _____ First,Last,or Nick	\$65.00	\$ _____
Wind suit Pants Adult Size ___ Number _____	\$30.00	\$ _____
Wind suit Jacket Youth Size ___ Name _____ First,Last,or Nick	\$61.50	\$ _____
Wind suit Pants Youth Size ___ Number _____	\$27.25	\$ _____
Bag with Logo and Number _____	\$65.00	\$ _____
Garment Bag with logo and Number _____	\$25.00	\$ _____
Total		\$ _____

Make payments to On The Edge Sports: Located in Champions Skating Rink 860.632.0323 ext 35

Cash _____ Credit Card _____ Exp Date _____ Code _____

Check number _____ On Check: Home Telephone, Address, Drivers License #
There is a \$30.00 fee for returned checks. Check must clear prior to placing order.

I have read and understand the above and agree to the terms stated.

Signature _____ Print Name _____