



* TEAM/CLUB/COMPANY:		<b>BARWON HEADS FOOTBALL &amp; NETBALL CLUB</b>	
FOOTBALL/NETBALL LEAGUE (if applicable):		<b>AFL BARWON</b>	
* CONTACT NAME:			
* DELIVERY ADDRESS - STREET			
* TOWN		* POSTCODE	
* EMAIL:			
P/O NUMBER (if required):		* MOBILE PHONE #:	
		* DATE ORDERED:	
SPORT (select one)	Football		
GARMENT TYPE:	<b>FOOTBALL PLAYING JERSEY</b>		
Special Instructions			

Please list in **SIZE ORDER** smallest to largest with +/- length on garments included in size column if required.

SIZE	QTY	NAME ON GARMENT IF APPLICABLE	NUMBER ON GARMENT	SLEEVE LENGTH LONG, 3/4, SHORT

**CREDIT CARD PAYMENTS**





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Expiry Date / / Payment Amount \$ \_\_\_\_\_ CCV \_\_\_\_\_

Name of Card Holder \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_