



For Office Use Only
 Ref# _____
 Date Received: _____ / _____ / _____
 (Month) (Day) (Year)

MERCHANDISE ORDER FORM

Program Info

Name of League/ Organization: _____
 Name of Coordinator: _____
 First Day of Program: _____ Last Day of Program: _____
 Delivery Address: _____
 City/ Region: _____ Province: _____ Postal Code: _____
 Phone: _____ Fax: _____
 Email: _____

Participants Package

Total # of Participants: _____
 SNYB Nike Dri-Fit Reversible Jersey:
 Youth Medium _____ Youth Large _____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult X-Large _____
 Basketballs: Size 5 _____ Size 6 _____ Size 7 _____
 SNYB Parents Handbook: _____

Coaches Package

Total # of Coaches: _____
 SNYB Coach's T-Shirt:
 Adult Small _____ Adult Medium _____ Adult Large _____ Adult X-Large _____ Adult XX-Large _____
 Coaching Manual: _____
 Coaching Whistle: _____

I hereby declare that the foregoing information is true and complete. I understand there will be a fee per participant registration and a fee per coach registration who joins Steve Nash Youth Basketball. This fee covers the cost of all SNYB program materials, manuals, provincial membership, 'Be One' national membership, as well as liability insurance for all coaches and participants in the program. The *Affiliated Site* acknowledges there will be a reasonable processing fee and taxes (if applicable) added to the final invoice to each participant/coach.

SIGNATURE

DATE SIGNED

