

**MCLL UNIFORM ORDER FORM**

**TEAM NAME/ COLOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MANAGER NAME/CONTACT INFO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **PLAYER NAME** | **SHIRT SIZE** | **NUMBER** | **HAT SIZE** | **SOCK SIZE** |
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| **COACHES/MANAGER NAMES** | **SHIRT SIZE** | **HAT SIZE** |  |  |
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**SEND BACK TO MCLLWV@HOTMAIL.COM OR EQUIPMENT/**

**UNIFORM COORDINATOR Nicole Shover (304-676-7095) BY FEBRUARY 28, 2024.**