

Green Bay Strikers Soccer Club
JERSEY NUMBERS

Please put the following names on the numbered jerseys:

- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____
- 21. _____
- 22. _____

Age Group _____ Color _____

Coach _____ Phone _____

The place to get the names put on is: CEREBRAL PALSY INC
2801 S WEBSTER AVE GB

QUESTIONS? CALL C.P. at 337-1122

- ** COST OF NAMES WAS INCLUDED IN REGISTRATION FEE.
- ** SHIRTS MUST NOT BE WASHED BEFORE NAMES ARE APPLIED.
- ** CHECK IN AT THE FRONT DESK WHEN DROPPING OFF AND PICKING UP SHIRTS
- ** ,MENTION YOU ARE FROM THE GREEN BAY STRIKERS.
- ** TURN IN 2 COPIES OF THIS FORM

CP use only
Date: _____
of shirts: _____
Bag #: _____
Color: _____