



MERCHANDISE ORDER FORM

For Office Use Only
Ref#: _____
Date: _____

*IMPORTANT: When returning this form to your provincial basketball offices, please cc:snyb@basketball.ca

PROGRAM INFORMATION

NAME OF LEAGUE / ORGANIZATION:

NAME OF COORDINATOR:

FIRST DAY OF PROGRAM: LAST DAY OF PROGRAM:

DELIVERY ADDRESS:

CITY / REGION: PROVINCE: P/C:

PHONE: FAX:

EMAIL #1: EMAIL #2:

PARTICIPANTS PACKAGE

TOTAL # OF PARTICIPANTS:

*Each participant receives the following:
1 Drawstring Bag; 1 Certificate; 1 Poster; 1 Parents Guide*

	YOUTH XS	YOUTH S	YOUTH M	YOUTH L
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SNYB REVERSIBLE JERSEY:		ADULT S	ADULT M	ADULT L
		<input type="text"/>	<input type="text"/>	<input type="text"/>

BASKETBALLS:	SIZE 5	SIZE 6	SIZE 7
	<input type="text"/>	<input type="text"/>	<input type="text"/>

COACHES PACKAGE

TOTAL # OF COACHES:

COACH TOOLS:	CD MANUAL	WHISTLE
	<input type="text"/>	<input type="text"/>

COACH'S SHIRT:	ADULT S	ADULT M	ADULT L	ADULT XL	ADULT XXL
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 for Steve Nash Youth Basketball. This fee covers the cost of all SNYB program materials, manuals, provincial membership, National Membership, as well as liability insurance for all coaches and participants in the program.

SIGNATURE _____

DATE SIGNED _____

