PRODUCT PREORDER SHEET

West Mobile Marlins Swim Team

Swimmer's Name: _____

Parent's name: _____

Phone Number: _____

Email Address: _____

QTY	DESCRIPTION	SIZE	TOTAL

TOTAL

PLEASE READ BELOW:

1. PLEASE LIST EACH ITEM THAT YOU WANT SEPARATELY ON SHEET.
2. ONCE WE RECEIVE ALL ORDERS, I WILL EMAIL YOU CONFIRMATION OF ORDER.
3. ALL MONIES ARE DUE BEFORE ORDERS WILL BE PLACED.
4. ONCE ORDERS ARE RECEIVED, AN EMAIL WILL BE SENT OUT TO LET YOU KNOW AND WILL BE GIVEN OUT AT SWIM PRACTICE.