Jamestown Soccer Club
PO Box 1804
Jamestown, ND 58402
www.jamestownsoccer.org

Parents Name:_____

Address:_____

Phone #:_____Email:_____

Child's Name:_____ Uniform Size:_____Uniform #:_____

Child's Name:_____ Uniform Size:_____Uniform #:_____

Child's Name:_____ Uniform Size:_____Uniform #:_____

Child's Name:_____ Uniform Size:_____Uniform #:_____

Total # of Children _____ X $100 = $_____ deposit due

I/we understand that our child's uniform will be returned to JSC upon completion of the season in a clean, undamaged condition, free of stains or strong scents. If not returned or if returned in a damaged or unusable condition, I understand that I will be held financially responsible for the replacement cost of my child's uniform. I will be required to submit a $100 deposit per child for JSC to hold until my child's uniform is returned to JSC and no uniform will be provided until I have paid my deposit to JSC.

Signed by, (upon issuance of Uniform)

_____ _____ _____

Parent/Guardian Team/Age/Gender Date

UNIFORM RETURN USE ONLY

My deposit was returned (IN FULL / IN PART $_____)

_____ _____

Parent/Guardian Date