


Complete, Scan & Email to your Team Manager.

Player Name:	STORM FC ACADEMY UNIFORM ORDER FORM <i>Uniforms . Winter Wear . Gear</i>	 <small>dyworth pell ny a dos warbarth warbarth ny a wra sowynny</small>
Parent Name		
Street Address:		
City & Zip:		
Phone:	Team Name:	
Email:	Coaches Name:	

Returning Player - \$15 Practice Tee

ITEM	SIZES	\$	QTY	TOTAL
Practice Tee - Club	<i>Dri Fit Training Tee</i>	_YS _YM _YL _AS _AM	\$15	\$

Academy Player Package: \$110.00 (Individual Retail Cost: \$215)

ITEM	SIZES	QTY in Packet	Extra/Reorder		TOTAL
			\$	QTY	
Home Jersey	<i>Jersey (BLK)</i>	_YS _YM _YL _AS _AM	1	\$45	\$
Away Jersey	<i>Jersey (RED)</i>	_YS _YM _YL _AS _AM	1	\$45	\$
JB OCT Jersey	<i>XARA: Tranmere (Pink)</i>	_YS _YM _YL _AS _AM	1	\$45	\$
Game Shorts	<i>XARA: Victoria (BLK)</i>	_YS _YM _YL _AS _AM	1	\$25	\$
Game Socks	<i>Storm Club Logo</i>	____ S (Youth 10-3) ____ M (Youth 4-9/Ladies 3-8/Mens 4-9) ____ L (Ladies 9-12/Mens 10-13)	1	\$20	\$
Practice Tee - Club	<i>Dri Fit Training Tee</i>	_YS _YM _YL _AS _AM	1	\$35	\$
Academy Player Package Total:					\$

Optional Items


ITEM	SIZES	QTY in Packet	Extra/Reorder		TOTAL
			\$	QTY	
Warmup Jacket	<i>XARA Genoa (BLK)</i>	____YM ____YL ____AS ____AM		\$95	\$
Warmup Pants	<i>XARA Genoa (BLK/WHT)</i>	____YM ____YL ____AS ____AM		\$55	\$
Ball - Practice	<i>XARA Practice Ball</i>	____ 3 (U6-U8) ____ 4 (U9-U10)		\$35	\$
Backpack	<i>XARA Backpack (BLK/WHT) with Storm Logo and Player #</i>			\$65	\$
Academy Optional Player Items Total:					\$

PAYMENT INFORMATION

<p align="center"><small>PLEASE MAKE ALL CHECKS PAYABLE TO: STORM FC</small></p> <p>Check #: _____ Payment/Draft Date: _____</p> <p>Pay by ACH (Bank Draft): _____ YES</p> <p>Pay by Credit Card . Debit Card . Pre-Paid Card: _____ YES **</p> <p><small>** To pay by Credit Card, Debit Card, Pre-Paid Card or ACH Bank Draft, you must have a signed Auto Draft Form with your order or a payment method on file.</small></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">ORDER TOTAL</td> <td align="right">\$</td> </tr> <tr> <td>Payment Months</td> <td></td> </tr> <tr> <td>Fall (1, 2, 3 or 4)</td> <td></td> </tr> <tr> <td>Spring (1, 2 or 3)</td> <td></td> </tr> <tr> <td>Date to Start Payments</td> <td></td> </tr> </table>	ORDER TOTAL	\$	Payment Months		Fall (1, 2, 3 or 4)		Spring (1, 2 or 3)		Date to Start Payments	
ORDER TOTAL	\$										
Payment Months											
Fall (1, 2, 3 or 4)											
Spring (1, 2 or 3)											
Date to Start Payments											
<p align="right">FORM INCLUDED <input type="checkbox"/></p>											

Final Jersey Number Staff Approved	# _____
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Complete, Scan & Email to your Team Manager.

Player Name:	STORM FC ACADEMY KEEPER ORDER FORM <i>Uniforms . Winter Wear . Gear</i>	 <small>dygwrth pell ry a dos warbarth warbarth ry a wra sawyny</small>
Parent Name		
Street Address:		
City & Zip:		
Phone:	Team Name:	
Email:	Coaches Name:	

Returning Player - \$15 Practice Tee

ITEM	Sizes	M/W	QTY	\$	QTY	TOTAL
Practice Tee	<i>Dri Fit Training Tee</i>	__YS __YM __YL __AS __AM	Unisex	1	\$15	\$

KEEPER Package A: \$110 (Individual Retail Cost: \$200)

ITEM	Sizes	Mens Women	QTY in	Extra/Reorder		TOTAL
				\$	QTY	
Choice of Keeper Jersey	<i>LongSI-Padded (YEL/BLK)</i>	__YM __YL __AS __AM	Unisex	1	\$65	\$
	<i>ShortSI-Brasilia (BLU)</i>	__YM __YL __AS __AM	Unisex		\$45	\$
JB OCT Jersey	<i>XARA Tranmere (ORG)</i>	__YS __YM __YL __AS __AM	Unisex	1	\$45	\$
Choice of Keeper Shorts/Pants	<i>Padded Shorts (BLK)</i>	__YM __YL __AS __AM	Unisex	1	\$40	\$
	<i>Padded Pants (BLK)</i>	__YM __YL __AS __AM	Unisex		\$55	\$
Practice Tee	<i>Dri Fit Training Tee</i>	__YS __YM __YL __AS __AM	Unisex	1	\$35	\$
Game Socks	<i>Storm Logo Socks</i>	____ S (Youth 10-3) ____ M (Youth 4-9/Ladies 3-8/Mens 4-9) ____ L (Ladies 9-12/Mens 10-13)	Unisex	1	\$20	\$

Competitive Keeper Package A Total:

\$

KEEPER OPTIONAL ITEMS

ITEM	Sizes	Mens Women	QTY in	Extra/Reorder		TOTAL
				\$	QTY	
Warmup Jacket	<i>XARA Genoa (RED/WHT)</i>	__YM __YL __AS __AM			\$95	\$
Warmup Pants	<i>XARA Genoa (BLK/WHT)</i>	__YM __YL __AS __AM			\$55	\$
Home Jersey	<i>XARA Club Jersey (BLK)</i>	__YS __YM __YL __AS __AM			\$65	\$
Away Jersey	<i>XARA Club Jersey (RED)</i>	__YS __YM __YL __AS __AM			\$65	\$
Ball - Practice	<i>XARA Practice Ball</i>	____ 3 (U6-U8) ____ 4 (U9-U10)	NA		\$35	\$
Backpack	<i>XARA Backpack (BLK/WHT) with Storm Logo and Player #</i>		NA		\$65	\$

Competitive Keeper Optional Items Total:

\$

PAYMENT INFORMATION

PLEASE MAKE ALL CHECKS PAYABLE TO : **STORM FC**

Check #: _____ Payment Date: _____

Pay by ACH (Bank Draft): _____ YES

Pay by Credit Card, Debit Card, Pre-Paid Card: _____ YES *

* To pay by Credit Card, Debit Card, Pre-Paid Card or ACH Bank Draft, you must have a signed Auto Draft Form with your order or a payment method on file.

FORM INCLUDED

ORDER TOTAL	\$
Payment Months	
Fall (1, 2, 3 or 4)	
Spring (1, 2 or 3)	
Date to Start Payments	

JERSEY NUMBER # 1 for KEEPERS

Email a copy of your order form and this authorization to Jamie Penna, Office Manager OfficeStormFC@gmail.com or Text/Call 469-774-0829



Team Name: _____
Player Name: _____
Parent Name: _____
Phone: _____
Email: _____

ACH/eCheck . Credit Card . Debit Card

Auto Draft Authorization Form

Deposit Draft Amount \$ _____ Draft Date ____/____/____

Dues Monthly \$ _____ Auto-Draft (1st-17th) Start Date ____/____/____ Draft End Date ____/____/____

Draft For: _____

Draft Amount \$ _____ Auto-Draft (1st-17th) Start Date ____/____/____ Draft End Date ____/____/____

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Draft For: _____

Draft Amount \$ _____ Auto-Draft (1st-17th) Start Date ____/____/____ Draft End Date ____/____/____

Draft For: _____

Draft Amount \$ _____ Auto-Draft (1st-17th) Start Date ____/____/____ Draft End Date ____/____/____

CHECKING ACCOUNT

Name on Checking Account: _____

Account Street Address: _____ City, State & Zip Code: _____

Bank Name: _____ Bank City: _____

Banking Routing Transit/ABA Number (9 digits) ____ ____ ____ ____ ____ ____ ____ ____ ____

Bank Account Number _____

CREDIT CARDS . DEBIT CARDS . PRE-PAID CARDS

Card Holder Name: _____

Card Number: _____

Expiration Date: _____ Security Code _____

Card Billing Address: _____

City: _____ Zip Code: _____

There is a \$35 fee added to your account for each draft returned for insufficient funds

If a scheduled date-of-the-month auto-draft occurs on a weekend or bank holiday, the draft will be processed the next business banking day.