

SOUTH PLAINFIELD SOCCER CLUB
MAGNETS
\$10 Each



MAGNETS INCLUDE TEAM NAME AND PLAYER NUMBER

| TEAM NAME | PLAYER NUMBER | QTY | TOTAL COST (\$10 EACH) |
|-----------|---------------|-----|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

NAME: _____

TEAM: _____

Phone: _____

TOTAL AMOUNT DUE: Please pay for MAGNETS at time of order \$ _____

Please make checks payable to: **SOUTH PLAINFIELD SOCCER CLUB**

All order forms and payments must be delivered to Lorette Nagel at: 115 Oakmanor Parkway.

Questions? Please call Lorette Nagel at 908-668-5328 or email her at LNAGELNJ@VERIZON.NET