


Complete, Scan & Email to your Team Manager.

Player Name:	
Parent Name	
Street Address:	
City & Zip:	
Phone:	
Email:	
Team Name:	
Coaches Name:	

PLAYER Package: \$175 (Individual Retail Cost: \$198)

ITEM	SIZES	Mens Womens	QTY in Packet	Extra/Reorder		TOTAL
				\$	QTY	
Home Jersey	XARA Jersey (White/Navy) __YM __YL __AS __AM __AL __AXL		1	\$55		\$
Away Jersey	XARA Jersey (Red/White) __YM __YL __AS __AM __AL __AXL		1	\$55		\$
Game Shorts	XARA Shorts (Navy/White) __YM __YL __AS __AM __AL __AXL	Unisex	1	\$38		\$
Game Socks	XARA Socks (White/Navy) __Youth __Adult	Unisex	1	\$25		\$
Game Socks	XARA Socks (Navy/White) __Youth __Adult	Unisex	1	\$25		\$
Player Package Total:						\$

KEEPER Package: \$175 (Individual Retail Cost: \$195)

ITEM	SIZES	Mens Womens	QTY in Packet	Extra/Reorder		TOTAL
				\$	QTY	
Either Keeper Jersey LongSI-Padded (Orange)	__YM __YL __AS __AM __AL __AXL	Unisex	1	\$70		\$
Or Keeper Jersey ShortSI-Brasilia (BLU)	__YM __YL __AS __AM __AL __AXL	Unisex	1	\$70		\$
Keeper Shorts	Padded Shorts (BLK)	Unisex	1	\$45		\$
Keeper Pants	Padded Pants (BLK)	Unisex	1	\$55		\$
Keeper Socks	Xara Socks (BLK) __Youth __Adult	Unisex	1	\$25		\$
Keeper Package Total:						\$

OPTIONAL ITEMS

ITEM	SIZES	Mens Womens	QTY in Packet	Extra/Reorder		TOTAL
				\$	QTY	
Warmup Jacket	XARA Sevilla (Navy) __YM __YL __AS __AM __AL __AXL		1	\$95		\$
Warmup Pants	XARA Sevilla (Black) __YM __YL __AS __AM __AL __AXL		1	\$55		\$
Backpack	XARA Backpack (NVY/WHT) with City FC Logo and Player #	Unisex	1	\$65		\$
Optional Items Total:						\$

PAYMENT INFORMATION

PLEASE MAKE ALL CHECKS PAYABLE TO : STORM FC	ORDER TOTAL \$
Check #: _____ Payment Day: _____	
Pay by ACH (Bank Draft): _____ YES	
Pay by Credit Card, Debit Card, Pre-Paid Card: _____ YES **	Payment Months Fall (1, 2, 3 or 4) Spring (1,2 or 3)
** 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. FORM INCLUDED <input type="checkbox"/>	Date to Start Payments

JERSEY NUMBER

Jersey # Choices	Choose a #: 2-12 or 14-26 # 1 reserved for keepers	Final Jersey Number # Staff Approved _____
1st 2nd 3rd		

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 ____/____/____

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 ____/____/____

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 _____

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 C# _____

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.