

## T-Shirt Pre Order Form

	Gymnast Name	Size (circle one)
1.		CS CM CL AS AM AL
2.		CS CM CL AS AM AL
3.		CS CM CL AS AM AL
4.		CS CM CL AS AM AL
5.		CS CM CL AS AM AL
6.		CS CM CL AS AM AL
7.		CS CM CL AS AM AL
8.		CS CM CL AS AM AL
9.		CS CM CL AS AM AL
10.		CS CM CL AS AM AL
11.		CS CM CL AS AM AL
12.		CS CM CL AS AM AL
13.		CS CM CL AS AM AL
14.		CS CM CL AS AM AL
15.		CS CM CL AS AM AL

Team Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Total # of Shirts \_\_\_\_\_ x \$20.00 = \_\_\_\_\_

Orders due 5/1/2021. Make Checks payable to KMC APO. Mail form and payment to:  
 KMC Gymnastics, Attn: Robin Lipford, 912 W. Cypress Street Kennett Square, PA 19348

