

Boys' Football Spirit Pack Order Form



ST. PIUS X - ST. MATTHIAS ACADEMY (PMA)

562.861.2271

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Summer Ball Form

ORDER INFORMATION (OFFICE USE ONLY)

ORDER#

ORDER DATE

PROMISE DATE

CUSTOMER INFORMATION

NAME

ADDRESS

EMAIL/PHONE



Cut Sleeve

Football Pants



Sweatshirt

Sweatpants



Short Sleeve

Shorts

23-24 Football Spirit Pack

Item No. #1

Item No. #2

Item No. #3

PAYMENT METHOD



Cash



Check



School Admin

DELIVERY METHOD (OFFICE USE ONLY)



Pick-Up

Pick-Up Date:

Notes:

<input type="radio"/> 23-24 FOOTBALL SPIRIT PACK		\$250.00	
Adult	Item No. #1	Item No. #2	Item No. #3
<input type="radio"/> S	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> M	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 1X	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 2X	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 3X	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 4X	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 23-24 FOOTBALL ATHLETIC FEE		\$250.00	
<input type="radio"/> 23-24 PRE-GAME MEAL PLAN (X9)		\$100.00	

• Meal Plan (Optional) - 9 meals in total during the regular season

SUBTOTAL	
TAXES	
TOTAL	

NOTES:

I hereby received this form and understand that payment for a spirit pack, athletics fees, and/or meal plan does not guarantee playing time or control over any team or Athletics office operations. I understand that making payment has no effect on PMA policies, CIF SS/NFHS policies, team selection process, or specific team rules/regulations as defined by PMA and/or Head Coach.

By signing, you acknowledge that the specified payments agreed to in accordance with Boys' Football Spirit Pack Order Form are to be completed in satisfaction of any and all payments in full due to PMA, for the services and goods provided by PMA to you. (sign & date below)

Parent Signature: _____

Date: _____

FORM MUST BE RETURNED TO THE FRONT OFFICE