



ALLSTAR CUSTOM APPAREL Team/League Order Form

Baseball

Softball

League Name: _____ Phone: _____

Contact Name: _____ Email: _____

****PLEASE COMPLETE ONE
FORM PER TEAM/COLOR**

Team Name/Division: _____

Check all that apply:

Apparel:	<input type="checkbox"/> Jersey	<input type="checkbox"/> Pants	<input type="checkbox"/> Belt	<input type="checkbox"/> Socks	<input type="checkbox"/> Cap	<input type="checkbox"/> Visor
Color:						

Team Sponsor(s): _____ N/A

Player Apparel: *if YXS/YXL is not available the item will be ordered as the next available size

Jersey

YOUTH SIZES

YXS:	
YS:	
YM:	
YL:	
YXL:	

ADULT SIZES

AXS:	
AS:	
AM:	
AL:	
AXL:	
2XL:	
3XL:	

Pants

YOUTH SIZES

YXS:	
YS:	
YM:	
YL:	
YXL:	

ADULT SIZES

AXS:	
AS:	
AM:	
AL:	
AXL:	
2XL:	
3XL:	

Belt

Youth:	
Adult:	

Socks

Youth:	
Adult:	

Cap

Youth:	
Adult:	

Visor

Youth:	
Adult:	

Coaches Apparel:

Coaches

ADULT SIZES

AXS:	
AS:	
AM:	
AL:	
AXL:	
2XL:	
3XL:	

Cap

Adult:	
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Visor

Adult:	
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OFFICE USE ONLY

STYLE #

JERSEY: # _____ BELT: # _____ CAP: # _____

PANTS: # _____ SOCKS: # _____ VISOR: # _____

DUE DATE: _____