

CENTRAL PA



PURCHASE REQUEST

BOYS

4TH

5TH

6TH

7TH

GIRLS

8TH

9TH

10TH

11TH

HEAD COACH: _____

DATE: _____

ITEM	VENDOR	QUANTITY	COST PER ITEM	TOTAL COST

SIZES IF APPLICABLE: XS _____ S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____

ADDITIONAL NOTES: _____

SIGNATURE OF HEAD COACH: _____

SIGNATURE OF COMMISSIONER: _____

AUTHORIZED BY BOARD

DATE: _____