

SHOW YOUR PRIDE



Please fill out the form below and send it to school with a check made out to Saint Leo the Great Athletic Association

Please indicate SIZE, COLOR, (Choice of Black or Maroon) & NUMBER of pairs

Sock Sizes Size 7-9 (fits Shoes Youth 12.5-5) -- Color: _____ #: _____

Sock Sizes Size 9-11 (fits Women 6-9 / Men 4.5 - 8.5) -- Color: _____ #: _____

Sock Sizes Size 10-13 (fits Women 9-12 / Men 8.5-12) -- Color: _____ #: _____

Total Socks: _____

Check Amount enclosed: (Total X \$15 pair) _____

Parent Name : _____

Phone Number : _____

Email : _____

Oldest Child's Homeroom : _____

If you have any questions please contact
Robin McCarthy at robindmccarthy@gmail.com
Or Julie Murphy at juliemurphy@me.com