

**Lexington United Soccer Club (LUSC)**  
**In-Town Reversible Jersey Order Form**

**Grades K - 6**

P.O. Box 613

Lexington, MA 02420-0006

Player's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Email (parent / guardian) \_\_\_\_\_ (print clearly please)

Male  Female In-Town Division: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Reversible Jersey: IN-Town Players K - Grade 6**

(check size)  YM  YL **\$17.00** \_\_\_\_\_

(check size)  AS  AM **\$18.00** \_\_\_\_\_

**Total:** \_\_\_\_\_

Mail check payable to *Lexington United Soccer Club* and mail with this application to:

**LUSC**

**PO Box 613**

**Lexington, MA 02420**

Thank you,  
Lexington United Soccer Club