



Hyack swim club

TEAM GEAR AND EQUIPMENT
ORDER FORM

SWIMMER'S NAME _____
COACH'S NAME _____
EMAIL _____

PHONE _____
POOL _____
GROUP _____

ITEM DESCRIPTION	SIZE / COLOR	QUANTITY	PRICE	RECEIVED

Contact: Neil Jones
Office Phone: 604-461-0550
Webpage: www.hyack.com
Email: memberservices@hyack.com

	TOTAL ORDER COST
	CONFIRM PAYMENT RECEIVED (COACH)
	DATE FORM RECEIVED (COACH)
NJ (✓)	Bookkeeper (✓)

Payment must be received before items will be distributed.

Hyack copy

(please cut here)

Member Copy



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