



SHELTON FLAG FOOTBALL

WINDOW DECAL ORDER FORM

SFFL Team: _____

Your Name: _____

Phone Number: _____

Decal Information:

Name on Decal: _____

Jersey #: _____

Quantity _____
x \$10 per decal = \$_____ Total Due

****Please make sure player name and number are accurate.****
SFFL is not responsible for incorrect information supplied.

Please make checks payable to SFFL.

Return form to your team rep by: August 30