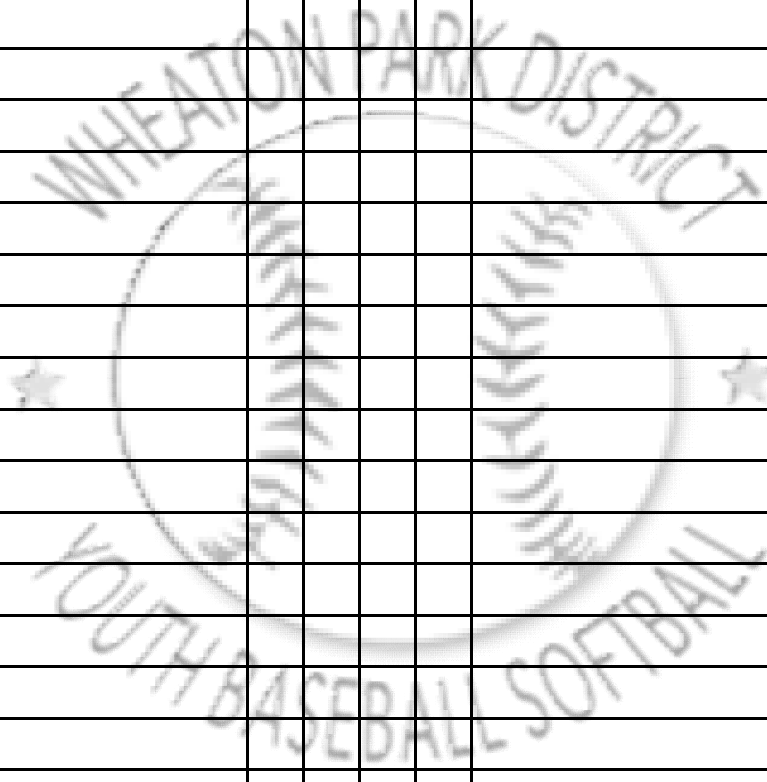


# WHEATON PARK DISTRICT Baseball & Softball

## Uniform Control Form

#	Uniform # Assigned to Player:		Received		Returned		Parents BEST contact information:	
	First Name	Last Name	YES	NO	YES	NO	e-mail	Phone
1								
2								
3								
4								
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25								



	Name	Email:	Phone:
Team Manager:			
Assistant Coach:			
Team Name:			
Division:			
League Vice President:			
	Team Manager Signature	Date	

**Return completed UCF to League Vice President by Picture Day**