

USSSA PATCH ORDER FORM

TEAM NAME: _____ AGE: _____

MANAGERS NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE _____

E-MAIL ADDRESS _____ @ _____

SHIP TO: (If different address than above)

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

_____ Patches x \$3.00 \$ _____

Shipping/Handling \$ 5.00

Total \$ _____

Make checks payable to: KC Sports

Mail To:

KC Sports

6324 N. Chatham Ave. #136

Kansas City, MO 64151

816-587-4545

816-587-4549 (FAX)