**Hardgoods:**

SSWSC **Nordic Equipment Ordering Form Date = 9/23/2019 \**Please print clearly***

**Athlete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent E-mail:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Height: \_\_\_\_\_\_** **Weight: \_\_\_\_\_\_**

### **SKIS**

# **Brand/Model/Cost:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Length:** \_\_\_\_\_\_\_\_\_\_\_

# **Brand/Model/Cost:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Length:** \_\_\_\_\_\_\_\_\_\_\_

# **Brand/Model/Cost:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Length:** \_\_\_\_\_\_\_\_\_\_\_

## 

## BOOTS

**Brand/Model/Cost:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Size/EU:** \_\_\_\_\_\_\_\_\_\_\_

**Brand/Model/Cost:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Size/EU:** \_\_\_\_\_\_\_\_\_\_\_

**BINDINGS**

**Brand/Model/Cost:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Quantity:** \_\_\_\_\_\_\_\_\_\_\_

**Brand/Model/Cost:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Quantity:** \_\_\_\_\_\_\_\_\_\_\_

**Brand/Model/Cost:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Quantity:** \_\_\_\_\_\_\_\_\_\_\_

**Poles**

**Brand/Model/Cost:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Length:** \_\_\_\_\_\_\_\_\_\_\_

**Brand/Model/Cost:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Length:** \_\_\_\_\_\_\_\_\_\_\_

**Brand/Model/Cost:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Length:** \_\_\_\_\_\_\_\_\_\_\_

**Credit Card Information Mandatory:**

Type: \_\_\_\_\_\_\_\_\_\_\_\_ #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ exp.\_\_\_\_\_\_\_\_\_\_

Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### *PLEASE LEAVE THIS SHEET IN THE LABELED BOX BEFORE YOU LEAVE!*