



DEVON CREST SWIM TEAM

2024 TEAM CAP ORDER FORM



Silicone Cap

Number of Caps ____ x \$10.00

Silicone Cap with Custom Personalization (set of 2)

Personalization to Appear on Cap: _____

Number of Sets ____ x \$24.00

Personalization to Appear on Cap: _____

Number of Sets ____ x \$24.00

Personalization to Appear on Cap: _____

Number of Sets ____ x \$24.00

Personalization to Appear on Cap: _____

Number of Sets ____ x \$24.00

ORDER TOTAL \$ _____

CONTACT INFORMATION

Swimmer's Name(s): _____

Phone #: (____) _____ - _____ **Email:** _____

Please make checks payable to **DCST**. *Returned checks will incur a \$30 fee.*

Mail this order form and your check to:

Hollie White
118 Fairview Drive
Harrisburg, PA 17112

Orders must be received by **5/18** to ensure delivery by our first meet. **Any received after 5/18 will not be processed.** Questions may be directed to Hollie White - holliewhite81@gmail.com