

Dancer's Name (First & Las	t):
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Dancer's 2025-2026 Team: _____

Team Fitting: May 5th 4:30 -7:00

ITEM	PRICE	QTY.	TOTAL	SIZE	DATE Received (Office Use ONLY)
Pink Ballet Shoes (Required)	\$25				
Tights (Required)	\$18			Child: T/S M/L Adult: S/M L/XL XXL	
Earrings (Required)	\$10			Pierced / Clip-on	
Team Jacket (Required)	\$75				
Company Tank (Required)	\$45			YXS YS YM YL YXL AXS AS AM AL AXL	
(One type of shorts are I	required):				
Company Regular Shorts	\$45			YXS YS YM YL YXL AXS AS AM AL AXL	
Company High-Waisted Shorts	\$45			YXS YS YM YL YXL AXS AS AM AL AXL	
Company Tennis Skirt	\$65			YXS YS YM YL YXL AXS AS AM AL AXL	
Company Leggings	\$75			YS YM YL AXS AS AM AL AXL	
Company Sports Bra	\$45			YXS YS YM YL YXL AXS AS AM AL AXL	
Black DC Shirt	\$25				
Pop Socket	\$10			N/A	
Car Decal	\$12			Name(s):	
Key Chain	\$15			Name(s):	
Other	\$				
	TC	TAL:	\$		
CC on file		_CC in	hand	Cash	Check #

I accept full responsibility for the sizes selected above. I hereby acknowledge that these items are custom made not "tailor made" to specific physical measurements, and are manufactured according to Dance Connections and Varsity Brands Uniform Sizing Standards. I understand that any alterations, including those due to weight loss or gain, will be at my own discretion and expense. I accept full financial responsibility for this order, whether or not I remain on the team. I acknowledge that once this order has been placed it cannot be changed or cancelled.

Parent Signature: Date:
