

# SWIMVILLE USA

502-245-9811

## OLNEY TIGERSHARKS

### Team Suit Price List 2019

| ITEM  | SIZES   | PRICE                    | w/TAX                    | TOTAL                    |                          |                          |                          |                          |                          |                          |                          |          |          |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|----------|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|----------|-------|
| Speedo Orange Modern Matrix Flyback (Youth) | <table border="1"> <tr> <td>6/22</td> <td>8/24</td> <td>10/28</td> <td>12/28</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>28</td> <td>30</td> <td>32</td> <td>34</td> <td>36</td> <td>38</td> <td>40</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | 6/22                     | 8/24                     | 10/28                    | 12/28                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28                       | 30                       | 32       | 34       | 36    | 38                       | 40                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ 42.99 | \$ 45.57 | _____ |
| 6/22  | 8/24  | 10/28                    | 12/28                    |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |
| <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |
| 28  | 30  | 32                       | 34                       | 36                       | 38                       | 40                       |                          |                          |                          |                          |                          |          |          |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |
| <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |          |          |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |
| Speedo Orange Modern Matrix Flyback (Adult) | <table border="1"> <tr> <td>22</td> <td>24</td> <td>26</td> <td>28</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>30</td> <td>32</td> <td>34</td> <td>36</td> <td>38</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>   | 22                       | 24                       | 26                       | 28                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30                       | 32                       | 34       | 36       | 38    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ 42.99                 | \$ 45.57                 | _____                    |                          |          |          |       |
| 22  | 24  | 26                       | 28                       |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |
| <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |
| 30  | 32  | 34                       | 36                       | 38                       |                          |                          |                          |                          |                          |                          |                          |          |          |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |
| <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |          |          |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |
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| 22  | 24  | 26                       | 28                       |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |
| <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |
| 30  | 32  | 34                       | 36                       | 38                       |                          |                          |                          |                          |                          |                          |                          |          |          |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |
| <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |          |          |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |
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| 30  | 32  | 34                       | 36                       | 38                       |                          |                          |                          |                          |                          |                          |                          |          |          |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |
| <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |          |          |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |          |          |       |



Order Total \$ \_\_\_\_\_

|                               |       |
|-------------------------------|-------|
| <b>FOR SWIMVILLE USE ONLY</b> |       |
| <b>METHOD OF PAYMENT</b>      |       |
| CASH                          | _____ |
| CHECK                         | _____ |
| CREDIT CARD                   | _____ |

Swimmer's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_