



Request Form – BDMHA Merchandise

Person Requesting: _____

Position on Team: _____

Team – Age group (LL/REP) _____

Item(s) Requested (Please submit a description or attach photo depicting what item (s) you want to have the BDMHA Logo on:

Requested By:

Name (print) _____ Signature: _____ Date: _____

Request Approved by:

Name (print) _____ Signature: _____ Date: _____