



EQUIPMENT FORM

PLAYERS CONTACT INFORMATION

Players Name:			
Parents Name:			
Address:			
City:		Postal Code:	
Phone #:		Email:	
Division & Practice Jersey Color			

EQUIPMENT ISSUED TO PLAYER

Shoulder Pads:		Helmet:		Game Jersey #:	
Game Pants:		Socks:			
<i>(Please check mark all equipment issued to player)</i>					
Thigh Pads	Knee Pads	Mouth Guard	Belt		

I, _____ agree to return all of my child's equipment laundered and clean at the agreed upon equipment return date. Failure to do so will result in the cashing of my equipment deposit cheque by the Charleswood Bronco Football Club. **PLEASE DO NOT USE BLEACH ON THE GAME JERSEY OR GAME PANTS.** (This will take the colour right out of the cloth, if this happens you will be responsible for paying for the replacement cost of the jersey and or game pants.

_____ (Parents Signature) _____ (Date)

DEPOSIT CHEQUE OF \$350.00 COLLECTED	YES	NO
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Signature of SAMFA Volunteer	
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EQUIPMENT RETURN INFORMATION OTHER SIDE

EQUIPMENT RETURNED BY PLAYER

Shoulder Pads:		Helmet:		Game Jersey #:	
Game Pants:		Socks:		Practice Jersey #:	
<i>(Please check mark all equipment returned)</i>					
Thigh Pads		Knee Pads		Mouth Guard	
				Belt	

(Parents Signature)

(Date)

DEPOSIT CHEQUE OF \$300.00 RETURNED	YES	NO
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Signature of SAMFA Volunteer