



Manitoba Aboriginal Sports & Recreation Council – Equipment Request Form

Today's Date: _____

Please check/circle which one the application is for:

- an individual
- an organization/school/community

All Equipment is previously used and will be distribute as is

DEADLINE: No Application Deadline-subject to Availability of Equipment

Individual Applicant Information:

Youth First Name: _____ Youth Last Name: _____

Date of Birth: ____ / ____ / ____ Gender: _____

Height: _____ Weight: _____

(Height & Weight must be accurately filled in order to be given the correct sizing for equipment)

Shoe Size: _____ [if applying for skates/cleats/etc.]

Address: _____

City/Town: _____ Postal Code: _____

Has this individual received equipment from us before? If so, when and how much equipment?

Parent/Sponsor/Guardian Information:

First Name: _____ Last Name: _____

Relationship to Youth: _____

Address (if different then youth) : _____

City/Town: _____ Postal Code: _____

Contact: Telephone 1: _____ Telephone 2: _____

Email: _____

MANITOBA ABORIGINAL SPORTS & RECREATION COUNCIL (MASRC)

145 Pacific Avenue, Winnipeg, MB, R3B 2Z6

Ph: 204.925.5737

Fax: 204.925.5716

Website: www.masrc.com

Organization Applicant Information:

Organization/School/Community (if Applicable): _____

Contact Name: _____

Telephone 1: _____ Telephone 2: _____

Email: _____ Fax: _____

Has this organization received equipment from us before? If so, when and how much equipment?

Equipment Selection:

Please write the number of equipment you need beside each equipment (For example, __2__ helmets)

Please write the size of equipment you need under age group column

HOCKEY:

Gear	#	Youth (Sm-Med-Lg)	Junior (Sm-Med-Lg)	Senior (Sm-Med-Lg)
Helmet				
Shoulder Pads				
Elbow Pads				
Glove				
Pants				
Shin Pads				
Skates (need shoe size)				

_____ Mouthguards _____ Neck Guards

_____ Jills/Jocks _____ Hockey Socks

_____ Goalie

_____ Sticks [_____ Left-Handed _____ Right-Handed]

SOFTBALL/BASEBALL:

Gear	#	Small	Medium	Large
Cleats (need shoe size)				
Helmet				
Bat				

_____ Softballs _____ Hardballs _____ Indoor Balls _____ Bases

_____ Glove [_____ Left-Handed _____ Right-Handed]

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SOCCER:

Gear	#	Youth (Sm-Med-Lg)	Adult (Sm-Med-Lg)
Cleats/shoes (need shoe Size)			
Shin Pads			
Socks			

_____ Goalie Gloves

_____ Outdoor Ball

_____ Indoor Ball

OTHER SPORTS:

(if you are looking for other sports equipment than the ones listed, please state the piece of equipment and how many you need)

Item Requested: _____ Quantity: _____

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