

Manitoba Aboriginal Sports & Recreation Council (MASRC) Individual Sports Equipment Request Form

	Today's Date (DD/MM/YYYY):								
Individual Applicant Information									
Applicant First Name:			Applicant Last Name:						
Date of Birth (DD/MM/YYYY):			Address:						
City/Town:		Postal Code:							
Email:		Phone 1:			Phone 2:				
Please fill out the information below as accurately as possible. The information written below will be used to determine the size and fit of the applicant's equipment.									
Gender:	Height (ft):		Weight (Ibs):		Shoe Size:				
Sponsor/Guardian Information Please complete only if the applicant is under 18 years of age.			Relationship to Applicant:						
First Name:			Last Name:						
Address:			City/Town:						
Postal Code:			Email:						
Phone 1:			Phone 2:						
Delivery/Pickup to be setup and confirmed with Warehouse Manager.									
 Acknowledgement I understand that the Manitoba Aboriginal Sports & Recreation Council (MASRC) may be unable to fulfill my application, as the Sports Equipment Warehouse Program is a donation-based program. If my application is approved, I must arrange pickup, or cover the equipment's shipping/delivery costs. I cannot resell this equipment, and any resale will result in not receiving sports equipment from the MASRC in the future. Please write your name and sign below if you acknowledge and agree to follow the above guidelines.									
Applicant Name:			Signature:	Signature:					

Equipment Selection: Please write the size of equipment you need under the appropriate column.											
Hockey Equipment											
		n (Ages 4-8) 5-M-L-XL)		Junior (Ages 9-12) (S-M-L-XL)		Senior (Age S-M-L-XL-)		(=03110			
Helmet											
Shoulder Pads											
Elbow Pads											
Gloves											
Pants											
Shin Pads											
Hockey Socks											
Hockey Skates	Shoe size	:	Shoe size	1	Shoe size:			Shoe size:			
Practice Jersey											
Neck guard											
Stick: Please indicate L or R.											
Softball/Baseball Equipment											
	Youth (Ages 4-11) (XS-S-M-L-XL)					Adult (Ages 12+) (S-M-L-XL-XXL-XXXL)					
Cleats	Shoe size:					Shoe size:					
Helmet											
Bat											
Glove	Left		Right		Le	ft		Right			
Select type of ball:	Softball				seball			Indoor			
Outdoor/Indoor Soccer Equi	nmont										
	pment Youth (Ages 4-11) (XS-S-M-L-XL)					Adult (Ages 12+) (S-M-L-XL-XXL)					
Cleats or Indoor Shoes	Shoe size:				Shoe size:						
Shin Pads											
Soccer Socks											
Goalie Gloves											
Other Equipment: If you require	other equip	ment than what	is listed above	, please list th	e type &	number o	f pieces	requested below.			
Type of Equipment:	Type of Equipment:				Type of Equipment:						
Type of Equipment:	Type of Equipment:				Type of Equipment:						
Type of Equipment:	Type of Equip	e of Equipment:			Type of Equipment:						

MANITOBA ABORIGINAL SPORTS & RECREATION COUNCIL (MASRC) 145 Pacific Avenue, Winnipeg, MB, R3B 2Z6