



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 (lbs):

Shoe Size:

Has this individual received equipment from the MASRC before? If so, what year, and what type of equipment?

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:

Please indicate with an **X** in the box below to select how you would like to receive your equipment.

Schedule an equipment fitting & pick-up between Monday-Friday, 9:00AM-4:30PM at our equipment warehouse located in downtown Winnipeg MB.

Schedule pick-up without equipment fitting between Monday-Friday, 9:00AM-4:30PM at our equipment warehouse located in downtown Winnipeg MB.

Have the equipment shipped/delivered without an equipment fitting (at the cost of the applicant).

Acknowledgement

1. 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.
 2. If my application is approved, I must arrange pickup, or cover the equipment's shipping/delivery costs.
 3. 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:

MANITOBA ABORIGINAL SPORTS & RECREATION COUNCIL (MASRC)

145 Pacific Avenue, Winnipeg, MB, R3B 2Z6

Ph: 204.925.5737

Fax: 204.925.5716

Email: info@masrc.com

Website: www.masrc.com

Equipment Selection: Please write the size of equipment you need under the appropriate column.

Hockey Equipment

	Youth (Ages 4-8) (S-M-L-XL)	Junior (Ages 9-12) (S-M-L-XL)	Senior (Ages 13-18+) (S-M-L-XL-XXL-XXXL)	Goalie
Helmet				
Shoulder Pads				
Elbow Pads				
Glove				
Pants				
Shin Pads				
Jill/Jock				
Hockey Socks				
Hockey Skates	Shoe size:	Shoe size:	Shoe size:	Shoe size:
Practice Jersey				
Neck guard				
Mouth 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		Left		Right	
Circle type of ball:	Softball			Baseball		Indoor		

Outdoor/Indoor Soccer Equipment

	Youth (Ages 4-11) (XS-S-M-L-XL)	Adult (Ages 12+) (S-M-L-XL-XXL)
Circle [Cleats] or [Indoor Shoes]	Shoe size:	Shoe size:
Shin Pads		
Soccer Socks		
Goalie Gloves		

Other Equipment: If you require other equipment than what is listed above, please list it here:

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