SFYLAX Winter Equipment Rental Request

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| --- | --- | --- | --- |
|  |  |  |  |
| Player First Name | Player Last Name | Parent Name | Phone Number |

|  |
| --- |
|  |
| Email Address |

Equipment Package

|  |  |
| --- | --- |
| $50 | Complete Set |
| $45 | Helmet and Body Equipment |
| $20 | Body Equipment |
| $40 | Helmet |
| $15 | Stick |

Rental Fee Due: $\_\_\_\_\_\_\_\_ Deposit Received: $250 Check # \_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Equipment Received | Description/Size | Serial Number |
| Arm Pads | YXS | YSM | YMD | YLG | YXL |  |
| Gloves | XXS | XS | S | M | L |  |
| Shoulder Pads | YXS | YSM | YMD | YLG | YXL |  |
| Helmet |  |  |  |  |  |  |
| Stick |  |  |  |  |  |  |

Your signature acknowledges that you are renting the above noted equipment from Spring-Ford Youth Lacrosse. You promise to return the equipment timely after the season ends, cleaned per the instructions attached. You agree that if equipment is not returned we will cash and keep your $250 deposit check. If equipment is returned uncleaned or missing pieces we will cash your deposit check and keep $100 and refund you the difference. Upon returning of the equipment rented and cleaned we will tear up your deposit check.

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature/Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_