



# Manitoba Aboriginal Sports & Recreation Council (MASRC)

## Organization & Community Sports Equipment Request Form

Today's Date (DD/MM/YYYY):

### Organization/Community Representative Information

Position/Role:

First Name:

Last Name:

Address:

City/Town:

Postal Code:

Email:

Phone 1:

Phone 2:

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

### Organization/Community Information

Organization/Community Name:

Address:

City/Town:

Postal Code:

Email:

Phone 1:

Phone 2:

Approximately how many **participants** will benefit from this equipment?

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

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

Have the equipment shipped/delivered (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](mailto:info@masrc.com)

Website: [www.masrc.com](http://www.masrc.com)

**Equipment Selection:** Please write the **number** of pieces of equipment you are requesting under the appropriate column.

**Hockey Equipment**

	Youth (Ages 4-8)	Junior (Ages 9-12)	Senior (Ages 13-18+)	Goalie
Helmet				
Shoulder Pads				
Elbow Pads				
Glove				
Pants				
Shin Pads				
Jill/Jock				
Practice Jerseys				
Hockey Socks				
Hockey Skates				
Neck guard				
Mouth guard				
Stick: Indicate <b>L</b> or <b>R</b> & <b>number</b> .				

**Softball/Baseball Equipment**

	Youth (Ages 4-11)	Adult (Ages 12+)
Cleats		
Helmet		
Bat		
Glove		
Number of:	<b>Softballs:</b>	<b>Baseballs:</b>
		<b>Indoor Balls:</b>

**Outdoor/Indoor Soccer Equipment**

	Youth (Ages 4-11)		Adult (Ages 12+)	
Number of:	<b>Cleats:</b>	<b>Indoor Shoes:</b>	<b>Cleats:</b>	<b>Indoor Shoes:</b>
Shin Pads				
Soccer Socks				
Goalie Gloves				
Soccer Balls				

**Other Equipment:** If you require other equipment than what is listed above, please list the type & number of pieces requested below.

Type of Equipment:	Type of Equipment:	Type of Equipment:
Type of Equipment:	Type of Equipment:	Type of Equipment:
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