

## 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 <b>participants</b> will benefit from thi	is equipment?					
Please indicate with an ${\bf X}$ in the box below to select how your	organization/community would like to receive the equipment.					
Schedule pick-up between Monday-Friday, 7:00AM-4:00PM at our equipment warehouse located in downtown Winnipeg MB.						
Have the equipment shipped/delivered (at the cost of the applicant).						
<ol> <li>Acknowledgement         <ol> <li>I understand that the Manitoba Aboriginal Sports &amp; Recreation Council (MASRC) may be unable to fulfill my application, as the Sports Equipment Warehouse Program is a donation-based program.</li> <li>If my application is approved, I must arrange pickup, or cover the equipment's shipping/delivery costs.</li> <li>I cannot resell this equipment, and any resale will result in not receiving sports equipment from the MASRC in the future.</li> </ol> </li> <li>Please write your name and sign below if you acknowledge and agree to follow the above guidelines.</li> </ol>						
Applicant Name:	Signature:					

145 Pacific Avenue, Winnipeg, MB, R3B 2Z6

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)	S	enior (Ages 13-18+)	Goalie		
	Helmet								
Should	ler Pads								
Elbo	ow Pads								
	Glove								
	Pants								
Sh	nin Pads								
	Jill/Jock								
Practice	Jerseys								
Hocke	ey Socks								
Hockey	y Skates								
Nec	k guard								
	h guard								
Stick: Indicate L or R & n	umber.								
Softball/Baseball Equi	ipment								
		Youth (A	Ages 4-1	1)	Adult (Ages 12+)				
Cleats									
Helmet									
Bat									
Glove									
Number of:	Softbal	Softballs: Baseballs:			Indoor Balls:				
Outdoor/Indoor Soccer Equipment									
		Youth (Ages 4-11)			Adult (Ages 12+)				
Number of:	Cleats:	Indoor Shoes:		Shoes:	Cleats:	Cleats: Indoor Shoes:			
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 Equip		quipmer	ment:		Type of Equipment:				
Type of Equipment: Ty		Type of E	Type of Equipment:			Type of Equipment:			
Type of Equipment:		Type of E	Type of Equipment:			Type of Equipment:			

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