Unity Minor Hockey

Equipment Application

Applicant Information

Full Name: _____ Date: _____
Last *First*

Team: _____
(Specify whether a specific team or specific age group)

_____
Head Coach *Manager*

Phone: _____ Email _____

Is this to rent equipment? YES ☐ NO ☐ Is this to purchase new equipment? YES ☐ NO ☐

Equipment Request

Item 1:
Type: _____ Description: _____

Quote: **$** _____ From: _____
Store(s)

Item 2
Type: _____ Description: _____

Quote: **$** _____ From: _____
Store(s)

Item 3
Type: _____ Description: _____

Quote: **$** _____ From: _____
Store(s)

Reason for Equipment Request: _____
_____
_____
_____
_____

Time frame you need the equipment by: _____

Disclaimer and Signature

Thank you for filling out the application. The Unity Minor Hockey Board will review your request and determine whether funding will be provided for the purchase of the equipment requested, if deemed necessary at this time.

Signature: _____ Date: _____