



Missouri Hockey, Inc.

Equipment Authorization Agreement

PROGRAM (circle one): Spring ADM Association Use _____ YEAR: _____

PLAYER'S NAME: _____

PARENT'S NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

RENTAL AMOUNT: \$80.00

CHECK #: _____

CASH: _____

I agree to return the equipment listed below on the scheduled equipment return date. I understand that I will be charged for equipment lost or damaged beyond normal wear and tear. I understand that refunds on any rental equipment that is returned after the equipment return date shall be at the discretion of the Missouri Hockey, Inc.

PARENT'S SIGNATURE: _____

DATE: _____

Equipment Rental:

Record the brand, size and color

Check when returned

Helmet: _____

returned: _____

Gloves: _____

returned: _____

Elbow Pads: _____

returned: _____

Shoulder Pads: _____

returned: _____

Shin Pads: _____

returned: _____

Pants: _____

returned: _____

Bag : _____

returned: _____

MHI Use Only:

Initials of MHI Representative collecting the rental deposit: _____ Date eq. was rented: _____

Equipment Return:

PARENT'S SIGNATURE: _____

DATE: _____

MHC Use Only:

Initials of MHI Representative approving rental eq. return: _____ Date eq. was returned: _____

Comments: _____

Initials of MHI Representative returning the rental deposit: _____ Amount: _____ Date: _____