



C.C.Y.H.A.
BEGINNER EQUIPMENT
RENTAL FORM

Player Name: _____

Address: _____

Phone #: _____ **Email:** _____

\$75 deposit paid on _____ to _____ in the form of _____
 (date) (CCYHA Rep) (Cash / Check #)

Item			Returned Date
Helmet			
Shoulder Pads			
Gloves			
Elbow Pads			
Shin guards			
Socks			
Jersey			
Garter Belt			
Pants			
Skates			

By signing this form, you agree to return all rented equipment at the end of the hockey season to the C.C.Y.H.A. in good condition. (Normal wear & tear expected). Failure to do so will result in forfeiture of your \$75 deposit. All returned checks will be charged an additional \$50 fee. If equipment is damaged during the season, you will inform a CCYHA Representative, and replacement equipment will be available on a first come, first serve basis.

Signature _____ **Date** _____

Printed Name: _____

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