



WHEATFIELD BLADES HOCKEY ASSOCIATION INC.

Goalie Equipment Contract – Season ___/___

Team: _____ Date: _____

Rep. Name: _____ Phone: _____

Address (Street, City, State, Zip) _____

Being a representative of the above named team I do hereby understand and acknowledge that I am personally responsible for the **WBHA GOALIE EQUIPMENT** and that a \$ 100.00 deposit is required (\$50.00 of which will be refunded at the end of the season) **BEFORE** I can receive said equipment.

I also understand and agree to the following:

1. I have received the below listed equipment for the current hockey season in good condition.

Qty	Equipment Name	Serial #	Qty	Equipment Name	Serial #
	Arm Pads			Chest Protector	
	Blocker			Leg Pads	
	Body Protector			Stick	
	Catcher			Other:	

Deposit of \$ 100.00 received: YES NO

Date: _____ Signature: _____

2. Upon completion of said season, I further agree to return the goalie equipment in the same condition as I received it, allowing for normal wear and tear.
3. I also agree to replace any lost or stolen items with its like item of equal value or to compensate the W.B.H.A. with a cash payment at an agreed value.
4. I further understand that the equipment will be used **ONLY** for sanctioned W.B.H.A. functions. If this rule is broken, I will immediately return the equipment and forfeit the deposit.

Goalie Equipment Return Date: _____ (Comment on back)

All Goalie Equipment returned? YES NO In good condition? Yes NO

\$ 50.00 Deposit Refunded? YES NO Additional Charges? YES NO (Amt \$ _____)
(If No Amt refunded \$ _____)

Equipment Director Signature: _____ Team Rep. Signature _____