

Unity Community Development Corporation

Unity's Recreation Department

Equipment Release Form

Church/ Organization: _____

Name Person Receiving Equipment: _____

Equipment Release Form

All individuals receiving equipment must provide the following information:

Name: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____

Position with the organization or team or church _____

EQUIPMENT RECEIVED:

_____ Bats _____ Batting Helmets _____ Balls _____ Equipment Bag _____ Gloves

Catcher Equipment: _____ Gloves _____ Shin guard _____ Chest protector _____ Face Mask

I certify that I, _____ am authorized to pick up and will be responsible for the return of the above mentioned equipment.

Signature: _____ Date: _____