



Equipment Reimbursement using Player's Fund Money

Player's Section

Copy of receipt must be attached to form.

Player's Name: _____ Team: _____

Equipment purchased: _____

Amount: _____ Date purchased: _____

Parent's Name: _____

Address: _____

Phone Number: _____ Signature: _____

Treasurer's Section

Check Number: _____ Date: _____

Amount: _____

Equipment covered: Helmet, Chest Protector, Elbow Pads, Rib Protector, Gloves, Goalie Neck Guard, Stick and Head

Does not cover: Cost to String Head, Mouth Piece, Cup Short and Cleats