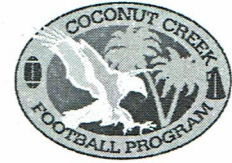


COCONUT CREEK FOOTBALL PROGRAM



6574 N. State Road 7
Coconut Creek, FL 33073

Phone: 754-227-7627
E-mail: ccreekeagles@gmail.com



Tackle Equipment Contract

Player name _____

Tackle division _____

Head coach _____

Please print current address

Phone # _____

E-mail: _____

Alt Phone # _____

20__ EQUIPMENT LIST

Qty	Item	Replacement Cost	Equipment Issued	Comments
	Helmet	95.00		
	Chin Strap	6.00		
	Shoulder Pads	35.00		
	Integrated Practice Pants	25.00		
	Practice Pants	8.00		
	Integrated Girdle	20.00		
	Knee pads	6.00		
	Thigh Pads	8.00		
	Hip/Tail Pads & Girdle	14.00		
	Practice Jersey	14.00		
	Game Pants	45.00		
	Belt	3.00		
	Mouthpiece	1.00		In season replacement cost only
	Other Equipment			

As the Parent or Guardian of the above named Player, I acknowledge my child has been issued the equipment checked above for the 20__ season. All of this equipment, except the mouthpiece, MUST be returned at the end of the season. If any of the equipment is not returned I agree to pay the replacement cost listed above for those items. Players will not be released to any other member teams unless all equipment is returned and all financial obligations have been met.

Signature Parent or Guardian _____

Print Name Parent or Guardian _____

Date _____

Equipment issued by: _____

Date: _____