



# EQUIPMENT REQUEST 2024/2025

TEAM	Age:
CONTACT NAME	
CONTACT NUMBER	
CONTACT EMAIL	
FIRST AID KIT	
PRACTICE BALLS Size 3 :-U7-U9 Size 4 :-U10-U14s Size 5 :-all other ages	Size 3 x Size 4 x Size 5 x (please circle & Indicate Qty)
MATCH BALLS Size 3 :-U7-U9 Size 4 :-U10-U14s Size 5 :-all other ages	Size 3 x Size 4 x Size 5 x (please circle & Indicate Qty)
TRAINING BIBS	(Size & Qty)
TRAINING CONES	
OTHER	(Description)
MATCH KIT	See New Sheet for Kits
Do you have a Kit Sponsor	Yes / No / Would like to discuss

## NOTES

- 1) All reasonable Requests will be considered.
- 2) Please return and Equipment, Balls, Kit that can be used by other teams.
- 3) If you are requesting a New Kit, Your old Kit must be returned **(Washed)** with this Form.  
**The Kit must be complete & listed /sizes & number & any shortages listed.**
- 4) Where we have good condition used kit available this will be passed down to other teams.
- 5) If you have a Sponsor please advise immediately.
- 6) Please note the deadline.

**DEADLINE: 15<sup>th</sup> August**