

TripleEDGE Lacrosse

2011 EQUIPMENT AGREEMENT

Camper's Name: _____ DATE: _____

Camp Attending: **Fall Developmental Clinic**

Address: _____

Parent /Legal guardian's
Name: _____

Home phone #: _____ work/cell phone # : _____

E-MAIL ADDRESS: _____

I, _____ (Parent/Legal Guardian) acknowledge acceptance of the following Lacrosse equipment issued by TripleEDGE Lacrosse. I agree that all equipment will be returned in the same condition to TripleEDGE staff ON or BEFORE the last day of camp. I understand that my credit card will be charged the cost listed below for any non-returned or damaged equipment. The rental fee is \$35 for the week period. Campers will be issued the equipment on the first day of camp and return it on the last day of camp.

Item	ID Number	Issued	Returned	Cost
Helmet				\$120
Shoulder Pads				\$80
Gloves				\$75
Arm Pads				\$50

Equipment Deposit

Although you have paid to rent the equipment we must have your credit card information as a deposit for any equipment that is not returned or returned damaged

Your card will NOT be charged unless equipment is not returned or is damaged.

Credit Card Type: ___ Visa ___ MasterCard

Credit Card# _____ Expiration Date _____

Security Code (3 digit # on back of card) _____

Printed Name as it appears on the credit card _____

Signature of card holder _____