



Equipment Check-Out List

Coach's Name: _____

Phone Number: _____

Email: _____

Team Name: _____

Division: 6u 8u 10u 12u 14u 16u Select All Stars Fall Ball

Item	Quantity	Notes
Equipment Bag		
Catcher's Helmet		
Chest Protector		
Shin Guards		
Knee Savers		
Game Balls		
Practice Balls		
Wiffle Balls (yellow)		
Rubber Balls (red)		
Batting Tees		
Net (7x7)		
Net (iscreen)		
Bucket		
Pitching Rubber		
Lineup Cards		
Scorebook		
Other		

Deposit Check #: _____

Coach's Signature: _____ Date: _____

Equipment Coordinator: _____ Date: _____

All equipment is accounted for as of the above signed date.

I understand that it is my responsibility to return all the above equipment back, in good condition, to FGSL at the end of the season. I understand that if less than 50 percent of the issued balls are returned, the league may charge \$4/missing ball.