

# Cherry Point Sports Gear Inventory

Please provide all information in Yellow shaded areas

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Rank:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **check one: Athlete**

**Sport:** \_\_\_\_\_ **Coach**

The following equipment listed below is to be used for softball season. Please initial each item as received and sign the bottom to obtain equipment. This receipt will be held as the official issue of gear inventory and held by the MCCS Cherry Point Sports Office.

Item	Size	QTY	Number	Price (ea)	Total	Initial
Glove						
Bat						
Softball						

By signing below, I \_\_\_\_\_ (print name) acknowledge that I have received the above listed equipment and am responsible to return all equipment issued to me within 15 days of the completion of the respective sport's season. Items are to be returned to the sports office between the hours of 0730-1600. By signing, I understand that I am to use the issues equipment or the said reason only of participating in the named sport. I understand if any of the equipment listed above is not returned, I am fully responsible to reimburse MCCS Cherry Point Sports office for the cost listed.

**Signature of Athlete/Coach:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Sports office use only

\_\_\_\_\_ All above items were returned on time and in proper order.

\_\_\_\_\_ Items missing from the list.

Missing Items: \_\_\_\_\_

Total Cost of Loss: \$ \_\_\_\_\_

Signature of official: \_\_\_\_\_ Date: \_\_\_\_\_