



WSHA Equipment Rental Form

WSHA Equipment Rental Form

Parent Name: _____
(print) (date)

Phone Number: _____ Email: _____

Player Name: _____
(print)

- ☐ Helmet
- ☐ Shoulder Pads
- ☐ Elbow Pads
- ☐ Shin Guards
- ☐ Breezers (hockey shorts)
- ☐ Gloves
- ☐ Skates
- ☐ Bag

Any member who does not return equipment or returns damaged equipment will have the \$75 check cashed.

Parent Signature: _____