

Equipment Grant Request Form

Date of Request: _____

Location of Program: _____

Number of courts to be used:

4-Wall _____

3-Wall _____

1-Wall _____

Type of Ball used:

Low Bounce: __

Big Blue: __

White Ace: __

Red Ace: __

Ages of Players:

Under 10: __

10-12: __

13-16: __

17 and above: __

Equipment in inventoried:

Balls: __

Gloves: __

Eye wear: __

Equipment purchased

Balls: __

Gloves: __

Eyewear: __

Approved: __

Date equipment shipped: _____

Not Approved: __

Reason: _____