



# PASD - School Issued Equipment



Team: \_\_\_\_\_ Head Coach: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

	Player's Name	Grade	#	Game		Practice								Issue Date	Return Date	
1																
2																
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20																

Complete this form and hand into Athletics Office after equipment distribution before season **AND** equipment collection after season.



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	Player's Name	Grade	#	Game		Practice								Issue Date	Return Date	
21																
22																
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	Player's Name	Grade	#	Game		Practice								Issue Date	Return Date
41															
42															
43															
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