



Application for Equipment For Organizations



Organization Equipment Application to the KidSport™

The KidSport™ Fund is a national charity created to assist children from financially disadvantaged families to enter into sport programs where they can develop life skills such as fair play, leadership and teamwork.

The amount and type of equipment collected is limited. Please consider your equipment needs carefully before submitting this application. Be aware that the fulfillment of your application will depend on equipment availability. Eligibility does not automatically ensure any assistance.

Please read the following guidelines carefully before completing this form.

EQUIPMENT ALLOCATION POLICIES

- A) Equipment distribution to organizations are designed to help those who would not play a sport without KidSport assistance.
- B) Equipment will be provided if equipment is available, and on a first come first serve basis.
- C) KidSport assists children aged 18 and under.
- D) KidSport will contact the recipient to collect his/her equipment from either the regional office or head office in Winnipeg.
- E) All equipment is previously used and will be distributed as is.
- F) KidSport™ will attempt to allocate equipment throughout the calendar year and across the broad spectrum of sports.
- G) It is encouraged that all equipment that is not being used and that is in good condition be returned back to KidSport™.

DEADLINE: No Application Deadline – Subject to Availability of Equipment

WHERE DO I SEND THE COMPLETED APPLICATION FORM?

MANITOBA ABORIGINAL SPORTS AND RECREATION COUNCIL INC.

Mailing address:
Room # 105- 145 Pacific Avenue
Winnipeg, MB
R3B 2Z6
Phone#: 204-925-5737
Fax #: 204-925-5716
e-mail: MASRCOffice@sportmanitoba.ca

Incomplete applications will not be considered.

Organization Equipment Application to the KidSport™

All equipment must be owned by / remain in the possession of the club/organization.

Name of Organization: _____

Organization Contact: (Last) _____ (First) _____

Position: _____

Organization Address: _____

City: _____ Postal Code: _____

Telephone: (Bus) _____ (Res) _____ (Cell) _____

Organization Signature: _____ Date: _____

In blanks, please indicate all quantities required of each item/size.

HOCKEY / RINGETTE / IN-LINE HOCKEY (please circle correct sport)

	Youth	Junior	Senior
<input type="checkbox"/> -Helmets	__-Sm. __-Med. __-Lg.	__-Sm. __-Med. __-Lg.	__-Sm. __-Med. __-Lg.
<input type="checkbox"/> -Shoulder Pads	__-Sm. __-Med. __-Lg.	__-Sm. __-Med. __-Lg.	__-Sm. __-Med. __-Lg.
<input type="checkbox"/> -Elbow Pads	__-Sm. __-Med. __-Lg.	__-Sm. __-Med. __-Lg.	__-Sm. __-Med. __-Lg.
<input type="checkbox"/> -Glove	__-Sm. __-Med. __-Lg.	__-Sm. __-Med. __-Lg.	__-Sm. __-Med. __-Lg.
<input type="checkbox"/> -Pants	__-Sm. __-Med. __-Lg.	__-Sm. __-Med. __-Lg.	__-Sm. __-Med. __-Lg.
<input type="checkbox"/> -Shin Pads	__ Yth. _____ inches	__ Jr. _____ inches	__ Sr. _____ inches
<input type="checkbox"/> -Skates	__ Size(s) _____ (usually one size lower than running shoes)		
<input type="checkbox"/> -Stick	__-Left	__-Right	

* Goalie equipment may be available upon request.

BASEBALL / SOFTBALL

<input type="checkbox"/> -Bat	Junior _____ inches	Senior _____ inches
<input type="checkbox"/> -Glove	Junior __-Small __-Medium __-Large	Senior __-Small __-Medium __-Large
<input type="checkbox"/> -Helmet	Junior __-Small __-Medium __-Large	Senior __-Small __-Medium __-Large
<input type="checkbox"/> -Cleats	__ Size(s) _____ (same size as running shoes)	
<input type="checkbox"/> -Bases	__-Home Plate	__-Bases (____#s) __-Softball Safe Base

CATCHER'S EQUIPMENT

<input type="checkbox"/> -Shin Pads	Junior _____ inches	Senior _____ inches
<input type="checkbox"/> -Mask	Junior __-Small __-Medium __-Large	Senior __-Small __-Medium __-Large
<input type="checkbox"/> -Glove	Junior __-Small __-Medium __-Large	Senior __-Small __-Medium __-Large
<input type="checkbox"/> -Belly protector	Junior __-Small __-Medium __-Large	Senior __-Small __-Medium __-Large

STEP 4 EQUIPMENT SELECTION

SOCCER

- Shoes __ Size(s) _____ (same size as running shoes)
- Shin Pad Size **Junior** __-Small __-Medium __-Large **Senior** __-Small __-Medium __-Large
- Shorts **Junior** __-Small __-Medium __-Large **Senior** __-Small __-Medium __-Large
- Jersey **Junior** __-Small __-Medium __-Large **Senior** __-Small __-Medium __-Large
- Balls __-Size 3 (3-8 Yr. Olds) __-Size 4 (9-12 Yr. Olds) __-Size 5 (13 Yr. & Up)

OTHER EQUIPMENT

**Please list all items you require. Equipment will not be disbursed if it is not listed below.
Please be as specific as possible with all sizes.**

Item requested _____	# requested _____	Size(s) requested _____
Item requested _____	# requested _____	Size(s) requested _____
Item requested _____	# requested _____	Size(s) requested _____
Item requested _____	# requested _____	Size(s) requested _____
Item requested _____	# requested _____	Size(s) requested _____
Item requested _____	# requested _____	Size(s) requested _____
Item requested _____	# requested _____	Size(s) requested _____
Item requested _____	# requested _____	Size(s) requested _____
Item requested _____	# requested _____	Size(s) requested _____
Item requested _____	# requested _____	Size(s) requested _____
Item requested _____	# requested _____	Size(s) requested _____
Item requested _____	# requested _____	Size(s) requested _____
Item requested _____	# requested _____	Size(s) requested _____
Item requested _____	# requested _____	Size(s) requested _____

For Office Use Only

Name: _____ Region: _____
Signature: _____ Date: _____

Questions? Call the KidSport™ Toll Free Line at 1-866-774-2220.