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IN-HOUSE HOCKEY

Equipment Rental Form

SKATER INFORMATION

SKATER NAME:		AGE:	M/F (circle one)
PARENT(S)/GUARDIAN(S):			
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	EMAIL:		

EQUIPMENT RENTAL INFORMATION

PARENT/RINK AGREEMENT	RENTAL/BAG # _____ RED / BLACK (CIRCLE ONE)
<p>I acknowledge that I have received the above gear, for the stated In-House Hockey Program. I have paid the \$50.00 deposit, and will be entitled to full refund at the end of the term, when equipment is returned in good order and acceptable condition, taking under consideration wear and tear. I agree that if any rented equipment is not returned, or returned in a condition exhibiting undue wear, I will pay Desert Ice Castle the replacement costs of such items. Whether or not the equipment exhibits undue wear, shall be determined by Desert Ice Castle Management, and agreed borrower. I agree to return equipment at the end of the last scheduled In-House Hockey Program, for which I rented equipment for.</p> <p>REFUNDS WILL BE ISSUED IN THE FOLLOWING FORMS:</p> <ul style="list-style-type: none"> ▶ Initially paid in Cash – refunded in cash ▶ Initially paid in Debit/Credit – refunded in credit 	<p>DEPOSIT: \$50.00</p> <p><input type="checkbox"/> 1 Helmet Condition: Good/Fair/Poor</p> <p><input type="checkbox"/> 1 Jersey Condition: Good/Fair/Poor</p> <p><input type="checkbox"/> 1 Padded Shorts Condition: Good/Fair/Poor</p> <p><input type="checkbox"/> 1 Shoulder Pads Condition: Good/Fair/Poor</p> <p><input type="checkbox"/> 1 Pair of Socks Condition: Good/Fair/Poor</p> <p><input type="checkbox"/> 1 Pair of Elbow Pads Condition: Good/Fair/Poor</p> <p><input type="checkbox"/> 1 Pair of Shin Pads Condition: Good/Fair/Poor</p> <p><input type="checkbox"/> 1 Pair of Gloves Condition: Good/Fair/Poor</p> <p><input type="checkbox"/> 1 Hockey Stick Condition: Good/Fair/Poor</p> <p style="text-align: center;">R / L (circle)</p>
PARENT/GUARDIAN SIGNATURE: _____ DATE: _____	

PAYMENT INFORMATION

AMOUNT: \$ _____ CASH/DEBIT/CREDIT	DATE PAID: _____	TAKEN BY (employee): _____
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EQUIPMENT RETURN INFORMATION

EMPLOYEE RECEIVING: _____	
DATE RETURNED ON: _____	
<input type="checkbox"/> 1 Helmet	Condition: Good / Fair / Poor
<input type="checkbox"/> 1 Jersey	Condition: Good / Fair / Poor
<input type="checkbox"/> 1 Padded Shorts	Condition: Good / Fair / Poor
<input type="checkbox"/> 1 Shoulder Pads	Condition: Good / Fair / Poor
<input type="checkbox"/> 1 Pair of Socks	Condition: Good / Fair / Poor
<input type="checkbox"/> 1 Pair of Elbow Pads	Condition: Good / Fair / Poor
<input type="checkbox"/> 1 Pair of Shin Pads	Condition: Good / Fair / Poor
<input type="checkbox"/> 1 Pair of Gloves	Condition: Good / Fair / Poor
<input type="checkbox"/> 1 Hockey Stick: R or L (circle)	Condition: Good / Fair / Poor

REFUND CONFIRMATION

<ul style="list-style-type: none"> • Refund Issued: YES / NO <ul style="list-style-type: none"> ▶ If NO, state reason: _____ • Amount Refunded: \$ _____ • Date Refunded: ____/____/____ • Reason for gear return: _____ • Comments: _____
