



Quaker Valley Midget Football Association
Equipment Form
P.O. Box 182 Leetsdale, PA 15056

Team (Circle One): Nuts & Bolts (7 & 8) Termite (9 & 10) Midgets (11 & 12)

Player Name: _____ **Phone #:** _____

Jersey #: _____ **Grade (in the fall):** _____

Date Of Birth: _____ **Age:** _____ **Weight:** _____

EQUIPMENT

	XS	S	M	L	XL	NONE
Game Shirt						
Practice Jersey						
Helmet						
Game Pants						
Practice Pants						
Should Pads						
Rib Pads						
Girdle						

7 Piece Pad Set Y or N **Belt** Y or N

Items Still Needed:

My child has received the above equipment. I agree to return, upon request, the equipment issued to my child in the condition it was received except for normal wear and tear. I agree to pay for the replacement of equipment if not returned.

Please DO NOT dry Uniforms in dryer or use bleach. Wash with cold water and hang dry!

Signature: _____ **Date:** _____