

# Junior Jackets Hockey Equipment Bank

The purpose of the Junior Jackets Equipment Bank is to foster the development of youth hockey by lending hockey equipment to skaters who need such equipment to perform in the Junior Jackets Hockey program.

The youth hockey equipment was provided to Chiller LLC by the Columbus Blue Jackets Foundation. All requests will be considered, but not guaranteed. The availability of the equipment is limited in quantity and size. All equipment is on a loan basis and will need to be returned to the Chiller at the end of each session. A credit card number will be needed to secure a deposit for the safe return of the equipment. If the equipment is not returned, the credit card will be charged the amount to replace it.

Please fill out attached application and return it to the following address three weeks prior to a Junior Jackets session. In order to receive equipment from the J.J.E.B. you must be registered for a Junior Jackets Hockey program.

### PLEASE DO NOT RETURN REGISTRATION FORMS TO CHILLER PERSONNEL. SUBMIT APPLICATION BY MAIL OR FAX.

Chiller Ice Rinks Att: Rob Schriner 7001 Dublin Park Dr. Dublin, OH 43016

Fax: 614-791-9302

## Junior Jackets Hockey Equipment Bank Application

#### **APPLICANT INFORMATION**

Last Na	ame	First		D.O.B//						
Addres	SS	City		StateZip						
Phone Number ( ) Email Address										
Name of School Currently Attending										
Attending Grade:										
Are you playing any other sports?										
Are you currently enrolled in a Junior Jackets Program? Yes or No										
Have you ever received any other grants, scholarships, etc.? Yes or No										
If yes, list:										
Please	circle what	equipment you will r	need:							
1.	Helmet									
2.	Elbow Pads	5								
3.	Shin Pads									
4.	Hockey Par	nts								
5.	Hockey Glo	oves								
6.	Shoulder Pa	ads								

For assistance in equipment fitting, player: Height: \_\_\_\_\_ Waist Size: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Mother's Last Name	First		
		StateZip	
		Work Phone ( )	
Place of Employment		Position	
Father's Last Name		First	
Address	City	StateZip	
		Work Phone ( )	
Place of Employment		Position	
FINANCIAL INFORMATION	-		
Gross Annual Household			
Deposit Towards Equipm	ent. This will be	e needed if awarded equipment:	
		Exp	
Cneck#	nt		
		Date	

Equipment Check-Out Date _	_/	/ Empl. Initials	Location
Equipment Return Date/_	_/	Empl. Initials	Location