

ROYAL CREDIT UNION SPORT COURT

Equipment Request

Name _____

Age _____ WRF Member? Yes or No _____ Non-Profit? Yes or No _____

Type of Equipment _____ Copy of license or credit card attached _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

I promise that I will pay the replacement cost for any theft or damage to the equipment borrowed over the usual wear and tear to the equipment, or due to malicious or reckless behavior.

Signature of Borrower _____

Date _____ Start Time _____ End Time _____

WRF Staff Signature _____

Today's Date _____

Upon completion of the request form, you will be contacted with a confirmation call or email.

Wild River
FITNESS

