

Northern Tasmanian Softball Association Po Box 1132, Launceston TAS 7250 www.northern.tas.softball.org.au

TEAM: _____

EVENT: _____

DATE: _____

State Championship Uniform Register

NAME	CONTACT NUMBER	UNIFORM	SHORTS/PANTS/	HAT	SOCKS	RETURNED
		NUMBER	BELT			
OFFICIALS						
Head Coach						
Coach						
Scorer						
Manager						
Blood Rule Uniforms						

l,	(head coach/manager) confirm that all items noted on this form					
have been accounted for and returned.						
IF any items are damaged or require repair, please refer these to the Championship Coordinator as soon as possible.						
Date of return:						

Checked by NTSA (name & position): ______ Date: _____ Date: _____



Northern Tasmanian Softball Association Po Box 1132, Launceston TAS 7250 www.northern.tas.softball.org.au

TEAM:

EVENT: _____

DATE:

State Championship Equipment Register

ITEMS	HOW MANY	NTSA NUMBERS	RETURNED
Balls			
Helmets			
Catchers Gear			
Bats			
Score Book			
Kit Bag			
First Aid Kit			
Gloves			

_____ (head coach/manager) confirm that all items noted on this form ١, _

have been accounted for and returned.

IF any items are damaged or require repair, please refer these to the Championship Coordinator as soon as possible.

Date of return: _____

Checked by NTSA (name & position): ______ Date: _____ Date: _____