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RYSL Equipment Usage Request Application

061511

Read the “RYSL Equipment Usage Policy” before filling out this Application

Fill out this application completely and legibly

 (Name of Accountable Person-Print Legibly)

 (Name of Organization)

 (Date)

 (Email)

 (Phone-Cell)

 (Phone-Office)

 (Physical address of Organization)

 (Reason for wanting to use the RYSL Equipment)

 (What Equipment do you want to use)

 (What dates do you want to use the Equipment)

 (Where do you want to use the Equipment at)

 (Cost to use Requested Equipment)

 (Method of payment)

 (Amount of Deposit)

 (Method of payment)

 (Date)

 (Current Las Vegas Valley Picture ID)

 (Current Las Vegas Valley Bank Credit or Debit Card)

 (Date)

I have read the “RYSL Equipment Usage Policy” and I agree to abide by it.

 (Print Name)

 (Sign Name)

 (Date)

 (Name of person contacted for this transaction)

 (Date transaction was requested)

 (Name of Person approving this Request)

 (Position of person approving this request)

 (Date)

 (Date Request given to RYSL President)

 (Cost to replace requested equipment)

 (Date person notified of decision)

This is an Equipment Request made to the RYSL as a 501(C)(3) organization. The person approving this Equipment Request is the President of the Rainbow Youth Soccer League and an officer of the Corporation.