

**Sycamore Aviator Youth Football Organization
Equipment Receipt**

Participant's Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Grade: _____ School Attended: _____

Parent/Guardian: _____

I acknowledge receipt of the standard uniform and equipment issued by the Sycamore Aviator Youth Football Organization ("SAYF"). I agree to assume full responsibility for the care and return of all items furnished. The value of the items is \$200.00 per participant. I understand that upon completion of the season, I am required to return all items on the designated return date. I further understand that if the participant does not complete the 2007 season, I will be required to return the uniform and equipment, and any other items furnished by SAYF, within 72 hours.

Parent/Guardian Signature _____ Date: _____