



Equipment Reservation Form

Name: _____ Date: _____

Phone: _____ Email: _____

ID Number: _____ Staff Initials: _____

Date Needed: _____ Date Returning: _____

	Quantity	Cost/Item	Total
Tents	_____	_____	_____
Sleeping Bag	_____	_____	_____
Ensolite Pad	_____	_____	_____
Stove	_____	_____	_____
Lantern	_____	_____	_____
Backpack	_____	_____	_____
Cooler	_____	_____	_____
Canoe (with gear)	_____	_____	_____
Kayak (with gear)	_____	_____	_____
Paddle	_____	_____	_____
PFD	_____	_____	_____
Throw Rope	_____	_____	_____
Climbing Helmet	_____	_____	_____
Climbing Shoes	_____	_____	_____
Mountain Bike	_____	_____	_____
Bike Helmet	_____	_____	_____