



Pass it Back Soccer Donation Request Form

All requests will be evaluated based on the information provided in this form. Incomplete forms will not be considered.

Organization Name: _____

Contact Name: _____

Phone Number: _____ E-mail: _____

Address/Location of Organization: _____

Your Role in Your Organization: _____

Coach Club Director Athletic Director Other: _____

Have you received support from PIBS in the past? Yes No

When do you need your donation? _____

What are your equipment needs?

Provide the details of the equipment you need (Cleat Size, Clothing Size, Ball Size, Male/Female, etc.):

Who would the donated items support?

I understand this is gently used and new soccer equipment that has been donated. I understand that Pass it Back Soccer is not responsible for injuries that can occur during a soccer practice or game.

Signature x _____