

# Cooperstown Athletic Association



## Team Equipment Safety Check/Inventory

Inventory Date	Team Name/Division	Manager's Name

**Check One:**    **Pre-Season**                       **Post-Season**

Equipment Description	Number of Equipment Items	Avg. Equipment Condition ( <u>G</u> ood/ <u>F</u> air/ <u>P</u> oor)
<b>Balls -- USED (your size)</b>		
<b>Balls -- NEW (your size)</b>		
<b>Ball Bags</b>		
<b>Bat -- 27"</b>		
<b>Bat -- 28"</b>		
<b>Bat -- 29"</b>		
<b>Bat -- 30"</b>		
<b>Bat -- 31"</b>		
<b>Bat -- 32"</b>		
<b>Bat -- 33"</b>		
<b>Bat -- 34"</b>		
<b>Bat Bags</b>		
<b>Equipment Bags</b>		
<b>Batting Tees</b>		
<b>Batting Helmets (all sizes)</b>		
<b>Catcher's Helmets</b>		
<i>continued on other side...</i>		



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Equipment Description	Number of Equipment Items	Avg. Equipment Condition ( <u>G</u> ood/ <u>F</u> air/ <u>P</u> oor)
<b>Catcher's Masks</b>		
<b>Catcher's Gloves</b>		
<b>Catcher's Chest Protectors</b>		
<b>Catcher's Shin Guards</b>		
<b>Umpire's Shin Guards</b>		

**Comments (including any anticipated needs, concerns, etc.):**

***Thank you for your timeliness & cooperation !!***

**Manager's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CAA Officer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_