

Outdoor Pickleball Equipment Rental

Goose Creek Recreation

Name:	<u>*, </u>	Phone:	
Address:		City:	State:
Zip:			
Member #	(if a	current member, no copy	of DL required)
 When you re equipment. Renters must deposit will damages. If not a curre copy of their Rental hours If the 	ent the pickle You are also t sign rental to be returned of ent member, driver's licer Monday-Frice	responsible for returning the the form and put down a \$50 once the equipment is returned the person who renting the ense when completing this appoint appears and S and returned during the res	deposit (cash or check). The ed on time and free of any quipment must provide a dication. Gunday 10am-4pm
Signature of Re	nter:		Date:
Signature of Re	c. employ	yee	Date:
Employee Use ()nly:		
Deposit: c	ash	check #	nage
	circle one (include check # if applicable)	