

**BATTLE BALLS  
CANADA INC.  
CHECKLIST**



This checklist will be filled out before and after the Battle Balls have been used

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_

		Prior to Event	Post Event
	<b>Amount of Balls</b> <ul style="list-style-type: none"> <li>• Large</li> <li>• Small</li> </ul>	___ Large ___ Small	___ Large ___ Small
	<b>Ball Bags</b>	___ Ball Bags	___ Ball Bags
	<b>Pumps</b>	0 1 2	0 1 2
	<b>Soccer Nets</b>	___ Soccer Nets	___ Soccer Nets
	<b>Knee Pads</b>	___ Knee Pad Sets	___ Knee Pad Sets
	<b>Condition of Balls</b> <ul style="list-style-type: none"> <li>• Clean</li> <li>• Tears or Punctures</li> <li>• Scuffs</li> </ul>		

Owner: \_\_\_\_\_

Event Coordinator: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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