


# PLYMOUTH ARENA



UNIFORM RECEIPT FORM

**ICONIC.  
INDEPENDENT.  
YOURS.**

## PERSONAL INFORMATION

Name	
Name	
Date of Birth	
Address	
City	
Postcode	
Phone	

## EMERGENCY CONTACT INFORMATION

Name	
Date of Birth	
Address	
City	
Postcode	
Phone	

## LIABILITY WAIVER

I, \_\_\_\_\_, affirm that I have received the uniform items noted above. I understand that the uniform items remain the property of Plymouth Arena and shall be returned upon request and upon ending my employment with Arena.

Signature	
Date	