

**LITTLE ROCK SCHOOL DISTRICT  
ATHLETICS OFFICE**

**INVENTORY OF ATHLETIC EQUIPMENT**

**SCHOOL** \_\_\_\_\_ **CLOSE OF** \_\_\_\_\_ **SEASON**

**SPORT** \_\_\_\_\_

**COACH** \_\_\_\_\_ **DATE** \_\_\_\_\_

ITEM DESCRIPTION	QUANTITY AVAILABLE	CONDITION

- Send copy to the LRSD Department of Athletics

Coaches Signature \_\_\_\_\_

School Athletic Director's Signature \_\_\_\_\_

<b><u>CONDITIONS</u></b>
Excellent
Good
Fair
Poor