



**AFTER HOURS COMMUNITY BAND
ASSETS LENDING FORM FOR EQUIPMENT**



NAME/RESPONSIBLE PARTY:

ORGANIZATION NAME:

ADDRESS:

TELEPHONE NUMBER:

INTERNET ADDRESS:

FAX NUMBER:

AHCB SPONSOR:

BAND APPROVAL IS REQUIRED FOR LENDING EQUIPMENT

EXECUTIVE COMMITTEE APPROVAL: YES NO

BAND APPROVAL RECEIVED: YES NO

AGREEMENT

LENDING DATE: _____

I/we, the above-mentioned party/organization, agree to replace/repair any damaged or missing equipment, as a result of borrowing it from the After Hours Community Band, for our usage. I/we agree to return the borrowed equipment on or by the following date: _____. If said equipment is damaged or lost, then the replacement/repairs would need to be completed within 30 days of the "return date" outlined above.

BORROWER'S SIGNATURE: _____

DATE _____

AHCB PRESIDENT'S SIGNATURE: _____

DATE _____

EQUIPMENT

EQUIPMENT TYPE: _____

SERIAL NUMBER: _____

CONDITION: _____

APPROXIMATE REPLACEMENT COSTS:

COMMENTS:

EQUIPMENT

TYPE:

SERIAL NUMBER:

CONDITION:

APPROXIMATE REPLACEMENT COSTS:

COMMENTS:

EQUIPMENT

TYPE:

SERIAL NUMBER:

CONDITION:

APPROXIMATE REPLACEMENT COSTS:

COMMENTS:

EQUIPMENT

TYPE:

SERIAL NUMBER:

CONDITION:

APPROXIMATE REPLACEMENT COSTS:

COMMENTS:

OTHER COMMENTS: