AFTER HOURS COMMUNITY BAND ASSETS LENDING FORM - INSTRUMENTS AND EQUIPMENT

BORROWERS NAME/RESPON	SIBLE PARTY:		
BORROWING ORGANIZATIO	N NAME:		
ADDRESS:			
PHONE:	EMAIL:		
AHCB SPONSOR/CONTACT:			
EXECUTIVE COMMITTEE AP	PROVAL:	YES	NO
AGREEMENT			
I/we, the above-mentioned party/organization, agree to replace/repair any damaged or missing instrument/equipment, as a result of borrowing it from the After Hours Community Band, for our usage.			
I/we agree to return the borrowed instrument/equipment on or by the following			
date: If said instrument/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 Received:	DATE Returned	l:	INITIALS:
AHCB PRESIDENT'S SIGNATU	U RE:		
DATE Received:	DATE Returned	1:	INITIALS:

INSTRUMENT/EQUIPMENT

INSTRUMENT/EQUIPMENT TYPE:

SERIAL NUMBER: _____ CONDITION WHEN LOANED:

APPROXIMATE REPLACEMENT COSTS:

CONDITION UPON RETURN:

INSTRUMENT/EQUIPMENT

INSTRUMENT/EQUIPMENT TYPE:

SERIAL NUMBER: _____ CONDITION WHEN LOANED:

APPROXIMATE REPLACEMENT COSTS:

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SERIAL NUMBER: _____ CONDITION WHEN LOANED:

APPROXIMATE REPLACEMENT COSTS:

CONDITION UPON RETURN:

ADDITIONAL COMMENTS: