



AFTER HOURS COMMUNITY BAND ASSETS LENDING FORM FOR SHEET MUSIC



NAME/RESPONSIBLE PARTY:

ORGANIZATION NAME:

ADDRESS:

TELEPHONE NUMBER:

INTERNET ADDRESS:

FAX NUMBER:

AHCB SPONSOR:

EXECUTIVE COMMITTEE APPROVAL RECEIVED: YES NO
BAND APPROVAL IS REQUIRED IF THE REPLACEMENT VALUE OF THE
MUSIC IS OVER \$500.00. BAND APPROVAL NEEDED? YES NO VALUE _____
BAND APPROVAL RECEIVED: YES NO

AGREEMENT

LENDING DATE: _____

I/we, the above-mentioned party/organization, agree to replace/repair any damaged or missing sheet music, as a result of borrowing it from the After Hours Community Band, for our usage. I/we agree to return the borrowed sheet music on or by the following date: _____.
If said sheet music 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 _____

SHEET MUSIC:

TITLE:

ARRANGER:

COMPOSER:

PUBLISHER:

REPLACEMENT COST:

COMMENTS:

SHEET MUSIC:

TITLE:
ARRANGER:
COMPOSER:
PUBLISHER:
REPLACEMENT COST:
COMMENTS:

SHEET MUSIC:

TITLE:
ARRANGER:
COMPOSER:
PUBLISHER:
REPLACEMENT COST:
COMMENTS:

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REPLACEMENT COST:
COMMENTS:

SHEET MUSIC:

TITLE:
ARRANGER:
COMPOSER:
PUBLISHER:
REPLACEMENT COST:
COMMENTS:

OTHER COMMENTS: