



EQUIPMENT CHECK-OUT AGREEMENT

Notice: Efforts will be made to fulfill requests, but there is a possibility that we may not be able to accommodate. All requests must be made in advance, and are subject to approval.

Contact Information

NAME _____ EMAIL _____

ORGANIZATION/BUSINESS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

Equipment Request

ITEM(S):	<input type="checkbox"/> Coffee Pot (30-cup)	1 Available	Quantity Requesting _____
	<input type="checkbox"/> Coffee Pot (100-cup)	1 Available	Quantity Requesting _____
	<input type="checkbox"/> Electric Roaster	1 Available	Quantity Requesting _____
	<input type="checkbox"/> Folding Chairs	125 Available	Quantity Requesting _____
	<input type="checkbox"/> Tables (6 ft)	1 Available	Quantity Requesting _____
	<input type="checkbox"/> Tables (8 ft)	3 Available	Quantity Requesting _____
	<input type="checkbox"/> Key		# on key checked out 1 2 3 4 5

DESCRIPTION OF EVENT FOR USE _____

DATE(S) OF EVENT _____

PICK UP DATE _____ PICK UP TIME _____

RETURN DATE _____ RETURN TIME _____

Please read before signing:

I accept all responsibility for the equipment being checked out until it is returned and will return it on the date and time specified on this form. The equipment will be returned in the same condition as it was handed to me and I will acquire all expenses for the repair or replacement of equipment checked out which is damaged or not returned. I will not duplicate church keys that I have checked out and will pay for all expenses to change the locks if the key is lost or stolen.

Signature _____ Date _____

Office Use Only

Date checked out _____ Checked out by _____

Date returned _____ Checked in by _____

Condition _____