



EQUIPMENT CHECK-OUT/RENTAL APPLICATION

PLEASE PRINT

Name of Person/Organization

Address

Responsible Person

Phone Number

LOCATION OF EVENT:

DATE & TIME OF EVENT:

EQUIPMENT RATES per 24-hours rental excluding weekends and holidays:
(Specify number)

_____ Tables..... \$8.00 each \$ _____

_____ Chairs..... \$1.00 each \$ _____

Requested Date of Pick – Up: _____

Rental Total: \$ _____

Anticipated Date of Return: _____

A damage deposit of \$50.00 for 5 tables and/or 50 chairs or less; or \$100.00 for more than 5 tables and/or 50 chairs shall be charged for any equipment rental. Damaged equipment shall be repaired or replaced at cost borne by renter.

Damage Deposit \$ _____ Cash Check # _____

I agree to be responsible for repairs and/or replacement of damaged or lost equipment. Rental payment must be made in advance.

Signature of Applicant

Date

Issued By

Date

(OFFICE USE ONLY)

APPROVED BY: _____

DATE _____

EQUIPMENT ISSUED BY: _____

DATE _____

RETURN RECEIVED BY: _____

DATE _____

NOTE OF DAMAGE OR MISSING EQUIPMENT: _____

APPLICANT'S SIGNATURE ACKNOWLEDGING
DAMAGE OR MISSING EQUIPMENT: _____