

SCHOOL INSTRUMENT CHECKOUT

STUDENT NAME: _____

INSTRUMENT TYPE: _____

INSTRUMENT BRAND: _____

INSTRUMENT MODEL: _____

INSTRUMENT SERIAL #: _____

INSTRUMENT OWNED BY: **VPS** **JOM**

INSTRUMENT CONDITON/COMMENTS:

In checking out this instrument, I understand that the care of this instrument is the sole responsibility of the student and his or her parent(s) or guardian(s). The instrument must be returned in the same condition in which it was issued. If the instrument is not returned in the same condition in which it was issued, the student and his or her parent(s) or guardian(s) agree to pay for the repair or replacement of the instrument. In case of any damage or maintenance needs, I agree to contact the band director as soon as possible.

STUDENT SIGNATURE: _____ **DATE** _____

PARENT SIGNATURE: _____ **DATE** _____

DIRECTOR APPROVAL: _____ **DATE** _____

.....Director's Use Only

Date Issued: _____

NOTES: (If not returned or returned with damage)

Date Returned: _____

Charge (if any): \$ _____

Date Paid: _____

(continue on back if needed)