



PERSONAL INFORMATION				
Last Name:		First	Middle	Birthdate:
Street address:		Home Phone # ()		Cell Phone # ()
P.O. Box:	City:		State:	ZIP Code:

INSTRUMENT INFORMATION		
Rental Dates:		
Instrument	Model	Serial #
1.		
2.		
3.		
4.		
Total Cost:	\$ _____	

Payment Type: Credit Check Cash

Office Use Only: Payment Received Yes No Other Date: _____ Initials _____

I, _____ agree to return the instrument(s) at the end of the school year 20____. I understand that I am responsible for the repairs of the instrument(s) that are beyond normal wear and tear. I will also be held responsible to replace the instrument if lost or stolen.

Printed Name: _____

Signature: _____ Date: _____

Witness: _____ Date: _____