



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

STUDENT NUMBER

Musical Instrument Rental/Loan Agreement

Instrument Loaned Instrument Rented

NAME OF STUDENT <i>(Last, First, Middle initial)</i>		GRADE LEVEL	STUDENT TELEPHONE NUMBER () -	
SCHOOL NAME			SCHOOL NUMBER	SCHOOL YEAR
HOME ADDRESS <i>(Street Number, Apt. No., Street, City, State, Zip Code)</i>				
INSTRUMENT TYPE		MANUFACTURER		
PROPERTY ASSET NUMBER	SERIAL NUMBER		VALUE	

Condition when issued _____ Date Issued _____

Supplied with the following accessories *(check those issued with instrument)*

- | | | | |
|-------------------------------------|---------------------------------|----------------------------------|----------------------------------------------|
| <input type="checkbox"/> Case | <input type="checkbox"/> Bow | <input type="checkbox"/> Strap | <input type="checkbox"/> Mouthpiece Assembly |
| <input type="checkbox"/> Cover | <input type="checkbox"/> Bocal | <input type="checkbox"/> Sling | _____ |
| <input type="checkbox"/> End Plug | <input type="checkbox"/> Swab | <input type="checkbox"/> Sticks | _____ |
| <input type="checkbox"/> Crooks | <input type="checkbox"/> Oil | <input type="checkbox"/> Mallets | _____ |
| <input type="checkbox"/> Lyre | <input type="checkbox"/> Grease | <input type="checkbox"/> Strings | _____ |
| <input type="checkbox"/> Handcrutch | <input type="checkbox"/> Stand | <input type="checkbox"/> Rosin | _____ |

	1ST SEMESTER	2ND SEMESTER	SUMMER
SERIAL NUMBER			
RECEIPT NUMBER			

I hereby agree to assume responsibility for this instrument and to return the instrument when requested in the same condition as when it was received, replacing strings and accessories that have been broken. Damaged instruments must be repaired immediately at the repair shop designated by the director. I understand that the cost of repairs/replacement will be the responsibility of the student. I also understand that the instrumental teacher reserves the right to recall this instrument at any time.

SIGNATURE OF INSTRUMENTAL TEACHER DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

SIGNATURE OF STUDENT DATE

RETURN INFORMATION

Date Returned _____ Receipt Number _____

Condition when returned _____ Assessment Paid _____

Received by _____ Title _____