

STOCKTON UNIVERSITY | SCHOOL OF ARTS & HUMANITIES

ARHU EQUIPMENT USAGE CONTRACT

In signing this form, I agree to return the instrument described below in the condition in which I found it when I signed this form. I expressly agree to be fiscally responsible in the event of damage, loss, theft, or other situation requiring replacement or repair. The instrument is not to be taken out of the commuter area of Stockton College without prior authorization and will not be used by others. I shall treat it with care and respect.

Instrument Type: _____ Manufacturer: _____

Serial Number: _____

Accessories (mouthpiece, case, etc): _____

USAGE SCHEDULE:

Organization or Class: _____ Semester: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Additional Dates/Times: _____

Borrower's Name: _____ Z Number: _____

Phone: _____ E-Mail: _____

Signature X _____ Date: _____

Arhu Staff Approval: _____ Date: _____

ARHU: January 2015

**All Requests Must be submitted one week in
advance of request date**