

# Instrumental Rental Contract - SUMMER 2010

Instrument Information		
INSTRUMENT	MAKE/MODEL	
SERIAL NUMBER	REPLACEMENT VALUE	
<input type="checkbox"/> Mouthpiece <input type="checkbox"/> Mouthpiece Cap <input type="checkbox"/> Ligature <input type="checkbox"/> Neckpiece <input type="checkbox"/> Valve Caps <input type="checkbox"/> Neckstrap <input type="checkbox"/> Accessories	DESCRIPTION OF CONDITION	

## Statement of Responsibilities

I, the undersigned, have received the instrument described above and agree to return it in the same condition.

I understand that in case of loss of this instrument, I will pay the full replacement value listed to Galesburg School District #205.

I understand that I may have to furnish accessories for this instrument.

I understand that any violation of these responsibilities as determined by the instructor will forfeit use of this instrument.

I understand that I must return this instrument on the demand of any District #205 staff.

I understand that I hereby agree to pay the sum of **\$ 25.00** to cover rental for:

1<sup>st</sup> semester     2<sup>nd</sup> semester     summer vacation of the **2009-2010** school year.

I verify that the student information in the following section is correct.

Student Information			
STUDENT NAME		GRADE	
ADDRESS		PHONE	

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date Approved