



Equipment Rental

Event Date:	Department/Office:
Event Start Time:	Event End Time:
Contact Name:	Contact Phone/Email:

Items to be borrowed:

I acknowledge that Student Life is allowing my department/office/organization to borrow the items listed above at **no cost**.

I agree to return the items listed above to the Student Life office (Student Center 207) **no later than 3 pm the next business day**. Student Life is open Monday through Friday from 8:00 am to 4:30 pm.

I agree to return items **clean and in working condition**. I understand that my department/office/organization will incur a **repair/replacement fee** if items are returned in poor condition.

Print Name: _____

Signature: _____

Date signed: _____