BASLER CENTER FOR PHYSCIAL ACTIVITY

EQUIPMENT RENTAL CHECKOUT

| ORGANIZATION/GROUP & NAME (print) | | | | |
|-----------------------------------|--|---|---------------------------------|--|
| E-NUMBER- | | PHONE | | |
| ETSU ADDRESS- | | ZIP CODE | | |
| HOME ADDRESS- | | ZIP CODE | | |
| DESTINATION | | | | |
| damage occurring to the equipmen | nt while in my possession. I underst | cceptable condition. I will be financ and that I have the opportunity to in n on the day the equipment is rente | nspect and ask questions at the | |
| , | | or destroyed while in my possession at type of equipment that is being r | | |
| | d death. I agree and hereby state th | ities and use of rental equipment in nat I am solely responsible for my pa | | |
| | | FORE 9PM SUNDAY THRU ed if equipment is not retu | | |
| | agree with the above sta Il Activity by the date listed | tement and to return the l | rental equipment to the | |
| RENTAL/RETURN DATE20 | | | | |
| SIGNED | | | | |
| (OFFICE USE ONLY) | | | | |
| Please Print | DATE | TIME | ATTENDANT | |
| CHECKED OUT | 20 | AM/PM | | |
| RETURNED | 20 | AM/PM | | |
| | | | | |

| QUANTITY | EQUIPMENT | INVENTORY NUMBER |
|----------|-----------|------------------|
| | | |
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| | | |