

Shoal River Middle School Band School-Owned Instrument User Agreement

| Student Name: _ | | | | | Class Period: | |
|---------------------|-----|--------------------|----|--------------|---------------|--|
| Instrument (circle | e): | Oboe | | Bassoon | F Horn | |
| | | Baritone/Euphonium | | uphonium | Tuba | |
| | | Other: _ | | | _ | |
| Serial Number: _ | | | | | | |
| Date Issued: _ | | // | 20 | | | |
| Amount Due: \$ | \$ | | | Amount Paid: | \$ | |
| Splitting payments? | | Yes No | С | | | |

We acknowledge the receipt of the above instrument and agree to the following:

- 1. To be personally responsible for the safe keeping of this instrument.
- 2. To return the instrument to the school immediately upon request of the Band Director or Principal.
- 3. To keep the instrument clean and in good playing condition
- 4. To have the instrument repaired when deemed necessary by the Band Director.
- 5. To allow no person other than myself to play, handle, or use this instrument without specific permission from the Band Director.

Note: Refunds will not be given for instruments beyond the first month of use.

| Student Signature: | Date: |
|----------------------------|-----------|
| Parent/Guardian Signature: | Date: |

THE SCHOOL DISTRICT OF OKALOOSA COUNTY PROPERTY CONTROL OFF-SITE PROPERTY ASSIGNMENT FORM

| SCHOOL/DEPARTMENT: | | |
|---|--------------------------|-------|
| PROPERTY NO: | ORIGINAL COST: | |
| | MAKE: | |
| SERIAL NO: | MODEL: | |
| | | |
| ISSUED TO: | | |
| NAME: | TELEPHONE: | |
| ADDRESS: | | |
| DATE ISSUED: | CONDITION AT ISSUE: | |
| I, the undersigned, understand that this equipment is loaned to to ensure the care and maintenance of the equipment while it is be responsible for normal wear, but if this equipment is lost or or responsible for its repair or replacement. | in my charge. I will not | |
| Student/Employee Signature: | | DATE: |
| Parent/Guardian Signature: | | DATE: |
| Principal/Department Head: | | DATE: |
| | | |
| DATE RETURNED: | CONDITION AT RETURN: | |
| Principal/Department Head Acknowledgment of Return: | | |