

**TSELANI/COTTONWOOD CHAPTER
CHAPTER EQUIPMENT RENTAL FORM**

Name of Requestor/Organization: _____ Date: _____

Mailing Address: _____

Physical Address: _____
(Location where equipment will be used)

Office Phone (____) _____ - _____ Home/Cell Phone (____) _____ - _____

Chapter Member: YES NO

Chairs: How many? _____

Date(s) of Usage: _____ Equipment: ____ hrs.

Purpose of Request: _____

Deposit \$ _____ Refund Date: _____ To whom: _____

This agreement for use of Chapter chairs is issued to the above mentioned Name/Organization on the date of the specified purpose. The user of the equipment will comply with this agreement and be held responsible for any damages resulting from or during usage of the chairs. Additional fees will be added for damages caused or any part of the agreement is not met.

The chairs rented must be back by 8:00 am and before 9:00AM. If they are not back in the Chapter's possession, the renter must pay for another day.

I have read the above agreement and understand that I represent the person/organization with the responsibility for using the chapter equipment and will not hold the Chapter for any injury or damage.

Signature of Requestor: _____ Date: _____

ADMINISTRATION USE ONLY!

APPROVAL / DENIED:

CSC/AMS _____ Date _____

Comment(s): _____

Payment/Fee:

Fee: \$ _____ per ____ day ____ hr If paid – Receipt Number: _____

Waived: ☐ SCC ☐ NN Program ☐ Veteran Organization ☐ Other: _____