



Name of Club/Organization: _____ Telephone No.: _____
 Person Responsible for Equipment: _____ Delivery/Pickup Time: _____
 Date Equipment Needed: _____ Date to be Returned: _____

Please Select the Equipment Needed:

- Tablecloth(s), Rectangle
 Black, ____ of 14
 Navy Blue, ____ of 4
 Red, ____ of 4
 (Special Instructions: All loaned tablecloths must be washed and folded before return.)
 Replacement Cost: \$5 each
- Tablecloth(s), High-top
 Black, ____ of 20
 Red, ____ of 10
 Royal Blue, ____ of 10
- Tablecloth(s), Round
 Maroon, ____ of 6
 Black, ____ of 6
- Cooler(s), Small: ____ of 2
 Replacement Cost: \$60 each
- Cooler(s), Large: ____ of 2
 Replacement Cost: \$100 each
- Drink Cooler(s): ____ of 2
 Replacement cost: \$40 each
- Chairs: ____ of 8
 Replacement Cost: \$15 each
- Six-foot Table(s): ____ of 6
 Replacement Cost: \$50 each
- High-top Table(s): ____ of 10
 Replacement Cost: \$50 each
- Small Sound System
 Replacement Cost: \$200
- Trash Can(s): ____ of 3
- Cash Box
- Tent(s): ____ of 5 (Special instructions: Requires four people to set up.
 Replacement Cost: \$200
- Athletic Equipment, specify: _____
- Snow Cone Machine (Special Instructions: Requires a power source and extension cord; must provide ice, cups, syrups.)
 Replacement Cost: \$500
- Popcorn Machine (Special Instructions: Requires power source and extension cord; must provide oil, popcorn, salt, containers.)
 Replacement Cost: \$1,000

Advisors: Please sign below to indicate your acceptance of this policy.

I understand that all equipment must be returned on time and in the same condition it was received. If the OSL determines that the item needs to be repaired or replaced, my club/organization is responsible for payment/transfer of funds of the amount of the replacement cost stated above to the OSL. If the club/organization account does not have sufficient funds, it will be taken from the next year's budget.

 Club Officer Signature

 Date: MM/DD/YY

 Advisor Signature

 Date: MM/DD/YY

OSL Staff Use		
Date Received: _____	Date Checked Out: _____	Date Returned: _____
Condition at _____		Repair/Replacement Charge: \$ _____
_____ Office of Student Life Staff Signature		