



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
 Blue 53x126, ____ of 1 Red 60x84, ____ of 2 Red 60x126, ____ of 1
 Replacement Cost: \$15 each (Special Instructions: All loaned tablecloths must be washed and folded before return.)
- Cooler, Small: ____ of 1 Drink Cooler: ____ of 1 Glass Beverage Dispenser (s): ____ of 2
 Replacement Cost: \$60 each Replacement Cost: \$40 each Replacement cost: \$25 each
 (Special Instructions: All loaned items must be clean upon return)
- Beverage Dispenser.: ____ of 1 Electric Water Urn: ____ of 1 Blender: ____ of 1
 Replacement Cost: \$25 each Replacement Cost: \$100 each Replacement Cost: \$25 each
 (Special Instructions: All loaned items must be clean upon return)
- Triple Buffet Server: ____ of 1 Crock Pot 22 qt.: ____ of 1
 Replacement Cost: \$110 each Replacement Cost: \$150 each
 (Special Instructions: All loaned items must be clean upon return)
- Instax Cameras: ____ of 2 Backdrop Holder ____ of 1
 Replacement Cost: \$80 Replacement Cost: \$50
 (Special Instructions: Must provide film) (Special Instructions: Must provide backdrop)
- Small Sound System Cash Box
 Replacement Cost: \$200
- 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		