

Sport Club Equipment Check-Out Form

Organization: _____

Name: _____

Equipment Checked-Out:

<u>Item</u>	<u>Number</u>	<u>Quantity</u>	<u>Condition</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Date To Be Returned: _____

Date Actually Returned: _____

I understand that I am responsible for returning all items listed above. Items returned must be clean and in good repair. Failure to return equipment in good repair or not returning equipment will result in fines equal to replacement value.

Signature of Requisitioner

Date

Signature of Director of Campus Recreation

Date