

## FACILITY/EQUIPMENT RENTAL CONTRACT

Gym Cafetorium	Grounds Room (Specify)
Equipment	Number borrowed
Date Needed:	Organization:
Person in Charge:	Phone No:
Address:	Time In: Time Out:
(with city, state and zip)  Purpose of Using Facility/Equipment:	
Key Requested: Yes	No Key Issued:
Key Returned:	Checked In By:
If Equipment is used/borrowed please fill out below upon return:	
Date Equipment Returned:	Number Returned:
Returned by:	Checked In By:
I understand our group is responsible for leaving the facility as we find it (including putting all tables and chairs back to their original location, including the cafetorium) and for any damage to the facility or equipment. Equipment borrowed is to be returned in a timely manner.	
For Office Use Only	
Approved	Date
Fee Required:	Fee Received: COL Received:
Entered/Calendar:	AD Approval/Gym:
Notes:	