



509-550-2155
mail@pendoreilleplayers.com
236 S. Union Ave
Newport, WA 99156

Script # _____

Actor's/Crew Members Name _____

I agree to assume financial responsibility for the script I (or my child) has checked out. I agree to maintain the script in it's new condition and will take responsibility if any damages occur. I (my child) agree(s) to use only pencil while writing in the script and agree to erase any notes written inside upon return.

If damage of the script does occur, or the script is not returned, I agree to pay **\$30.00** to Pend Oreille Players Association within 14 business day from closing of the show via cash, check or debit/credit card.

Scripts must be returned by May 16th.

Parent Signature (if applicable): _____

Actor/Crew Signature: _____

Date Checked Out: _____

*Received by (Pend Oreille Players Assn only) _____ On _____