SCHOOL DISTRICT OF HILLSBOROUGH COUNTY

School:		Year:				
Directions: Please complete all grey areas legibly in blue/black ink.						ick ink.
Student						
Address:						
City:				State:		Zip:
Phone:						
Instrument:						
Serial Number			BPI Numb	ber		
Approximate value of this instrument at time loaned is \$						
CONDITIONS OF LOAN Please initial all grey boxes to indicate acceptance of each loan condition I accept full responsibility for the instrument that has been loaned to me.						
	I agree to return at the end of the school year, and/or present it for inspection promptly when asked to do so by the Director.					
	I agree to exercise proper care in the use of this instrument and to pay for any damages incurred by my misuse, negligence or carelessness.					
	I agree to allow no other person to play this instrument unless specified by the Director.					
	I agree to pay for the replacement of the instrument if it is lost, stolen, or destroyed.					
I agree to promptly present the instrument for inspection when requested to do so by the director.						
Student Signature:					Date:	
Parent Signature:					Date:	