SCHOOL DISTRICT OF HILLSBOROUGH COUNTY SCHOOL-OWNED UNIFORM LOAN CONTRACT

Schoo	I: Year:
	Directions: Please complete all grey areas legibly in blue/black ink.
Student	
Address:	
City:	State: Zip:
Phone:	
Uniform Num	iber:
Unifor	n Parts
1.	
2.	
3.	
4.	
5.	
6.	
Approximate	value of this uniform at time loaned is

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CONDITIONS OF LOAN

Please initial all grey boxes to indicate acceptance of each loan condition

I accept full responsibility for the uniform 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 uniform and to pay for any damages incurred by my misuse, negligence or carelessness.

I agree to allow no other person to play this uniform unless specified by the Director.

I agree to pay for the replacement of the uniform it is lost, stolen, or destroyed.

Student Signature:	Date:	
Parent Signature:	Date:	