# EQUIPMENT RENTAL RELEASE FORM

DATE OF APPLICATION: _____

NAME: _____ PHONE:_____

ORGANIZATION / GROUP: _____

EQUIPMENT NEEDED: _____

_____

DATE AND TIME REQUESTED: _____ TO _____

## RENTAL PRICES

| EQUIPMENT | DEPOSIT | IN-TOWN | OUT-OF-TOWN |
|---|---|---|---|
| TABLES | $10.00 PER TABLE | $2.00 / EACH | $3.00 / EACH |
| CHAIRS | NOT REQUIRED | $.10 / EACH | $.25 / EACH |

RENTAL:

8" TABLES: _____ X $_____ = $ _____

6" TABLES: _____ X $_____ = $ _____

CHAIRS: _____ X $_____ = $ _____

**TOTAL: $_____**

**DEPOSIT: $_____**

**KEY NO:** _____ **OR KEY TAG NO:** _____

**REPLACEMENT COST OF LOST OR DAMAGED KEY: $75.00**

**RECEIPT NO.** _____

**DATE KEY RETURNED:** _____

**DATE DEPOSIT RETURNED:** _____

*By signing this form, you hereby agree to the rental charge(s) as set forth above and are hereby responsible for the key being issued and take all legal responsibility for any loss of this key and so hereby agree you are responsible for the key and any costs incurred as a result of any damage to the facility while in your use.*

**SIGNATURE:** _____ **DATE:** _____