

STOREY COUNTY SCHOOL DISTRICT
PO BOX C / 458 S. C STREET
VIRGINIA CITY NV 89440
(702)847-0983

EQUIPMENT APPLICATION AND AGREEMENT

DATE _____

EQUIPMENT SITE _____

EQUIPMENT _____

LOCATION OF USE _____

DATE(S) OF USE _____

PURPOSE _____

ADMISSION? _____ PROCEEDS USED FOR? _____

EQUIPMENT WILL BE RETURNED BY _____
(PERSON/DATE)

I/we hereby certify that I/we shall be personally responsible for any damage or abuse of school equipment growing out of the use of said equipment by myself or our organization. We further agree to return equipment in good working order to originating site or pay for replacement.

Person/Organization _____ Phone _____

Address _____ City/State/Zip _____

Signature _____ Date _____

Director Approval(if necessary) _____ Date _____

Principal Approval _____ Date _____

RETURNED BY: _____ DATE _____

RECEIVED BY: _____ DATE _____

WHITE: BUILDING SITE

YELLOW: RETURNING PARTY

PINK: REQUESTING PARTY