



Events Equipment Check Out Form

Check Out Date & Time: _____

Return Date & Time: _____

Event Name: _____

Event Date: _____ Event Location: _____

Department, Organization, or Individual Hosting the Event: _____

Contact Name: _____ Contact Phone Number: _____

Contact Email: _____

Description of Equipment Being Checked Out:

By signing this agreement:

- You acknowledge your intentions of returning all above items in entirety and without damage.
- You acknowledge your organization, department, or individual financial responsibility to replace any or all items that are damaged or lost upon return.
- You agree to return all above listed equipment to the Office of University Events, Camps, & Conferences by or before the time and date listed above.

Signature: _____

Printed Name: _____

Today's Date: _____

Internal Groups:

Fund #: _____ Org #: _____

Account #: _____

Program #: _____