



**OFFICE OF STUDENT LIFE
EQUIPMENT CHECK-OUT FORM
CITRUS CAMPUS**

Name of Club/Organization: _____
 Person Responsible for Equipment: _____ Telephone No.: _____
 Date Equipment Needed: _____ Date to be returned: _____

Equipment Needed:

- | | |
|--|--|
| <input type="checkbox"/> Commercial Coffee Urn
Replacement Cost: \$100 | <input type="checkbox"/> Air Pots: _____ of 2
Replacement Cost: \$25 each |
| <input type="checkbox"/> Tablecloths – round black: _____ of 8 | <input type="checkbox"/> Blenders: _____ of 2
Replacement Cost: \$30 each |
| <input type="checkbox"/> Napkins - white: _____ of 20 | <input type="checkbox"/> 3-Gallon Beverage Containers: _____ of 2
Replacement Cost: \$25 |
| <input type="checkbox"/> Napkins - black: _____ of 20
Special Instructions for tablecloths and napkins:
Must be returned washed and folded.
Replacement cost: \$10 each tablecloth; \$2 each napkin | <input type="checkbox"/> Large Beverage Coolers: _____ of 2
Replacement Cost: \$40 each |
| <input type="checkbox"/> Cooler
Replacement Cost: \$75 | <input type="checkbox"/> A Frames: _____ of 4
Special Instructions: Clean boards with water and soft towel; must be returned clean.
Replacement Cost: \$120 each |
| <input type="checkbox"/> Cash Box
Replacement Cost: \$15 | <input type="checkbox"/> A Frame Markers
Replacement Cost: \$3 each |
| <input type="checkbox"/> Theme Decorations. Specify:
_____ | |

Advisors: Please sign below to indicate your acceptance of this policy.
 I understand that all equipment must be returned on time and in the same condition it was received. If the OSL determines that the item needs to be repaired or replaced, my club/organization is responsible for payment/transfer of funds of the amount of the replacement cost stated above to the OSL. If the club/organization account does not have sufficient funds, it will be taken from the next year's budget.

Club Officer Signature _____ Date: MMDDYY _____

Advisor Signature _____ Date: MMDDYY _____

OSL Staff Use:

Date Checked Out: _____ Date Returned: _____

Condition at Return: _____ Repair/Replacement Charge: \$ _____