

# Broken Arrow Public Schools

Instrumental Music Department

## Receipt and Bond for Musical Instruments

Instrument

Brand

Serial Number

Bow

Date

Specific Cosmetic damages at check out should be listed on back using the pictures on the form.

I, THE UNDERSIGNED, hereby agree to be personally responsible for any damage, which may come to the above instrument while in my care. I agree that no person other than the student to whom the instrument is issued will be allowed to use the instrument. I will return this instrument to the Broken Arrow School District when requested by the issuing band director and in the same condition as it was issued to me.

I understand that there is a \$35 per semester rental fee charged for the use of the instrument and that I am required to keep it in playing condition at all times. I further understand that while the school district will pay for normal maintenance, I will be required to pay for any repairs that may become necessary due to neglect or misuse, including accidental damage, during the period the instrument is in my care.

Student's Name

Grade

School Campus

Student's Signature

Parent's Signature

Address

City

Zip

Phone

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*FOR OFFICE USE ONLY*

School

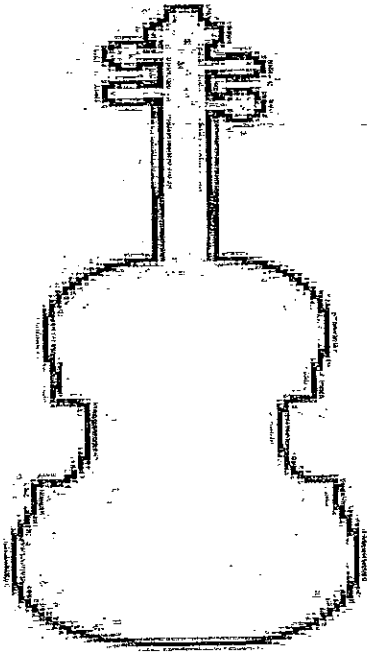
Date Assigned

Date Returned

Date Rental Fee Paid 1<sup>st</sup> Semester

Date Rental Fee Paid 2<sup>nd</sup> Semester

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