

SCHERTZ-CIBOLO-UNIVERSAL CITY I.S.D. INSTRUMENT CHECK-OUT FORM

Student's name		Cam	Campus	
Grade		Scho	School year <u>2020-2021</u>	
Instrument		Mak	Make [Brand]	
Model		Seria	Serial Number	
Accessories:				
Case	Mouthpiece	Ligature	Bocal	
Bow	Cap	Neck strap	Floor Peg	
Rosin	Other	-		
Condition of instru	ıment checked out			
Condition of instru	ıment checked in			
Date Checked-out Date Checked-in				
Director's/Sponsor	rs InitialsD	Director's/SponsorsInitials_		
Director's Commo	nto	_		
I acknowledge the responsible for any to keep all items in that a maintenance purpose of this fee	receipt of the above item(s) damage, abuse, or loss the good, useable condition as the fee of \$80.00 is required a is to insure that the instru	s) that are SCUC ISD prope	ed out in my care and agree district. I also understand lassroom use only.) The der. All items are to be	
Parent or Guardia	n's Name	Please print		
Mailing Address/C	City/Zip			
Home Phone (<u>)</u>			
Parent or Guardia	n's Signature			