

Equipment Rental Request Form

TO BE COMPLETED BY REQUESTOR

NAME:	GROUP/CLUB:				
PHONE:	EMAIL:				
CAMPUS ADVISOR NAME AND PHONE:					
ADVISOR SIGNATURE:	DATE:				
EQUIPMENT BEING REQUESTED:					

EQUIPMENT TYPE	# OF ITEMS	PRICE PER UNIT	TOTAL ITEM COST	RUNNING TOTAL
QUOTE ACKNOWLEDGEMENT:		TOTAL: \$		

*ALL EQUIPMENT MUST BE CHECK OUT AND RETURNED AT MEMBER SERVICES DURING NORMAL BUSINESS HOURS. **NOTE:** MEMBER SERVICES IS NOT OPEN ALL FACILITY BUSINESS HOURS. CHECK HOURS WITH STAFF AT CHECKOUT OR AT FRESNOSTATERECREATION.COM

TO BE COMPLETED BY RS&F STAFF

CONDITION OF ITEMS:

ITEM OUT	CONDITION	DUE DATE	ITEM IN	CONDITION	ON TIME?		
CHECKOUT DATE: CHECKED OUT BY:				(STA	(STAFF INITIALS)		
RETURN DATE: CHECKED IN BY:			(ST	_ (STAFF INITIALS)			
LATE / DAMAGE FEES APPLY? YES NO IF YES, ADD COSTS HERE \$							
NEW TOTAL: \$_			PAID?	YES	NO		
RENTAL CLOSE OUT: RENTER SIGNATURE							
STAFF SIGNATUR	RE						