COLLEGE PLACE PUBLIC SCHOOLS
107 SE 2nd Street
College Place, WA 99324
509 525-4827

EQUIPMENT/MATERIAL CHECK-OUT FORM

Name of Individual _____ **Address** _____ **Date** _____

Date(s) to be used _____ **Date to be returned** _____

Quantity	Description	Model#	Serial#

I hereby accept responsibility for the use and proper care of the above-requested equipment/materials including any damage or liability ensuing from their use.

Signature of Individual _____ Phone Number _____

Approved by: _____ Principal/Superintendent _____ Date

Date Returned _____