



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: _____ (STAFF INITIALS)

RETURN DATE: _____ CHECKED IN BY: _____ (STAFF INITIALS)

LATE / DAMAGE FEES APPLY? YES NO IF YES, ADD COSTS HERE \$ _____

NEW TOTAL: \$ _____ PAID? YES NO

RENTAL CLOSE OUT: RENTER SIGNATURE _____

STAFF SIGNATURE _____