Event Reserve Item Check-Out Form

Name: _____ **Office Phone #:** _____

Email: _____ **Mobile Phone #:** _____

Department: _____

Event Title: _____

Event Date: _____ **Event Location:** _____

Pick-Up Date: _____ **Return Date:** _____

I agree that I am checking out the items listed. I willingly accept and assume full responsibility for the care of the items while in my possession.

I understand that should something happen to the items while they are checked out, or the items are returned damaged or missing anything, the department listed above will be held financially responsible for repair or replacement.

In the event of theft or damage of the items while in my possession, I will file a police report with Campus Police Services immediately upon discovery.

I agree to return linens (tablecloths and napkins) washed, dried, and folded.

I will place a work order through Physical Plant to move folding tables, bistro tables, 6’ and 8’ round tables and wood folding chairs.

I agree to pick up and return the items in their entirity within the agreed upon time frame.

Quantity	Item

Signature: _____ **Date:** _____