



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 entirety within the agreed upon time frame.

Quantity	Item

Signature:

Date:



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Item List: Continued

Quantity	Item