

TRACY AREA SCHOOLS DISTRICT #2904

Independent School District #2904
934 Pine Street
Tracy, MN 56175

EQUIPMENT/MATERIAL USE APPLICATION

NAME OF ACTIVITY/GROUP/INDIVIDUAL MAKING APPLICATION

DESCRIPTION & SERIAL NUMBER OF EQUIPMENT/MATERIAL REQUEST

Serial Number _____

PURPOSE FOR USE OF EQUIPMENT/MATERIAL:

TIME FRAME FOR EQUIPMENT/MATERIAL NEEDED:

Start Date: _____

Return date: _____

Equipment/Material returned on _____

Returned to: _____

SPECIAL INSTRUCTIONS:

I declare that to the best of my knowledge the projected use of the Tracy Area Schools Equipment/Materials will be used for the sole declared above purpose. I will be responsible for the preservation of the above equipment/materials and for any damage to such equipment/materials. I agree to replace or pay for all damages or lost equipment/materials. I will return the above equipment/materials on the designated date as stated above. My \$50 deposit will be returned to me upon the return of the equipment/materials.

SIGNATURE: _____ DATE: _____

DEPOSIT RECEIVED: _____

OFFICE USE ONLY:

AUTHORIZATIONS: Superintendent Principal Activities Director Technology Coordinator

Signature: _____

Comments: _____
