



INSTRUMENT LOAN AGREEMENT

STUDENT INFORMATION

NAME: _____ TCU ID: _____

PERMANENT ADDRESS: _____

PERMANENT PHONE: _____

TCU ADDRESS: _____

TCU PHONE: _____ CELL PHONE: _____

TCU EMAIL ADDRESS: _____

INSTRUMENT INFORMATION

INSTRUMENT: _____ MAKE: _____

SERIAL NUMBER: _____ LOCKER NUMBER: _____ SEMESTER: _____

CONDITION: (SELECT ONE)

POOR

FAIR

GOOD

EXCELLENT

ACCESSORIES (IF ANY) INCLUDED WITH INSTRUMENT:

MOUTHPIECE

LIGATURE

BOCAL

BOW

OTHER: _____

I, _____ REALIZE THE FULL RESPONSIBILITIES, BOTH STATED AND IMPLIED, OF BEING FURNISHED WITH A TCU INSTRUMENT, AND AM AWARE THAT THESE INSTRUMENTS ARE FOR TCU RELATED USES AND ACTIVITIES ONLY. I ACCEPT THIS RESPONSIBILITY AND WILL MAINTAIN THE CARE OF THE INSTRUMENT AS TO RETURN IT IN GOOD PLAYING CONDITION, WITH CONSIDERATION FOR NORMAL WEAR AND TEAR. I FURTHER REALIZE THAT FAILURE TO COMPLY WITH THESE RESPONSIBILITIES WILL RESULT IN MY BEING CHARGED BY THE BUSINESS OFFICE FOR REIMBURSEMENTS FOR ANY DAMAGES OR LOSS. NON-PAYMENT MAY PREVENT THE RELEASE OF TRANSCRIPTS, RE-ENROLLMENT IN THE UNIVERSITY OR GRADUATION. I UNDERSTAND THAT A NON-REFUNDABLE FEE OF \$75 PER SEMESTER MAY BE REQUIRED FOR THE USE OF AN INSTRUMENT PROVIDED BY THE UNIVERSITY.

I HAVE READ AND UNDERSTAND THE ABOVE CONTRACT AND AGREE TO ALL THE CONDITIONS SET FORTH BY THE CONTRACT BEGINNING ON THE DATE BELOW.

CHECK-OUT

CHECK-IN

NAME DATE

NAME DATE

STAFF REPRESENTATIVE

STAFF REPRESENTATIVE