Date Out:_____ Date Returned: _____

☐ Fall 200__ ☐ Spring 200__ ☐ Summer 200__

Received in by: _____

Middle Tennessee State University School of Music
Wind Instrument Check-Out

Name: **(Please Print)** _____ ☐ Student ☐ Faculty

Last First Middle Initial

M # _____ E-mail address: _____

Billing Address: (Home/Permanent Address)

Street _____ Apt. _____

City _____ State: _____ Zip _____

Local Phone: _____ Home Phone: _____

Instrument: _____ Make: _____
(of Instrument)

Serial Number: _____ Mouthpiece Y/N Type _____

Class or Ensemble _____

AGREEMENT

I agree to assume full responsibility for the above instrument during the checkout period, to include all damage, theft, loss or other incidence which may cause said instrument to be returned in less than satisfactory condition.

I agree to pay all costs of repairs for damage incurred during said checkout period and to pay replacement cost if the instrument is lost or stolen.

Storage of the instrument shall be my personal responsibility. Lockers may be obtained throughout through the music office, Wright Music Building room 150. Special series locks may be obtained at Phillips Bookstore. Instruments left unattended and unlocked will be confiscated and checkout privileges will be revoked for the remainder of the semester. Unless arrangements are made, instruments are to be cleaned and returned during office hours by the third day of finals: if not, a hold will be placed in the records office.

Date: _____ Signature _____

Approved by _____
Director or Studio Instructor and Director of School of Music
Note: Studio Instructor and Director of School of Music required for summer check out

Clerk Sign-out _____