

_____ Church
Equipment Loan Form

First Name: _____

Last Name: _____

Street Address: _____

City, State Zip Code: _____

Email Address: _____

Phone Number: _____

Event: _____

Location: _____

Event Purpose: _____

Event Date: _____

Equipment Pick Up Date: _____

Equipment Drop Off Date: _____

Equipment and Quantity Needed: _____

If your event is NOT ministry related and the equipment is damaged or destroyed while in your care, you agree to pay for the cost of repair or replacement by signing below.

Signature

Date