



Musical Instrument Rental Agreement

Instrument Type _____

School Year 20____ - 20 ____

Instrument Make/Model _____

Check-out Date _____

Serial Number _____

Return Date _____

Instrument Condition (check one) Excellent Good Fair

Rental Fee _____

VCS Bar Code # _____

School _____

Music Teacher _____

Student Name _____ AID # _____

Parent/Guardian Name(s) _____

Address _____

City _____ State FL Zip _____

Home/Cell Number _____

I agree to care for and maintain this instrument as instructed by the music director. I will assume financial responsibility for all repairs apart from normal use. In the event of theft, I will immediately report the theft to the appropriate law enforcement agency and provide a copy of the report to:

**Mr. John Dupuis, Performing Arts Specialist
Volusia County Schools - Brewster Center
200 N. Clara Avenue
Deland, FL 32720**

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____