

AMS Band Instrument Checkout Form

Arlington Middle School Band
5470 Lamb Road, Arlington, TN 38002

Student Name: _____

Parent Name: _____

Instrument: _____ **Brand:** _____

Serial Number: _____

(Engraved into Instrument)

AMS Number: _____

(Sharpie)

SCS Number: _____

(White Tag, If Any)

Condition: _____

(Note any pre-existing damage)

Accessories: _____

(ex. Mouthpiece, Ligature, Neck Strap)

Period of Checkout: _____

(e.g. Summer 2014, Full Year 2013-2014)

By signing below, I agree to maintain and pay for any repairs needed for the above instrument during the stated period of checkout. I understand that I am responsible for any loss or damage of this instrument. I will pay the fair market value of this instrument or any attached accessories in the event that they are lost or stolen. This includes, but is not limited to: pads, springs, ligatures, mouthpieces, slides, valves, and keys.

I also agree to return the above instrument by the end of the stated period of checkout. I am responsible for any shipment costs associated with that agreement. I understand that this applies even if I move or change schools.

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____