

ASU Equipment Use Agreement

Name:	Today's Date:
Club Name or Department:	
Event Name:	
Event Date:/ Time:	
By signing this agreement, I take full responsibility fout. I understand I will be responsible to PAY for a equipment is clean when returned and properly statement will not be able to check out items items are not replaced.	ny damaged equipment. I will ensure the cored. I understand that my club and/or
 □ Canopy qty (ASU logo)	
Name of person responsible for item (s):	
Student ID/Staff Title:	_ Phone:
Email: Sig	nature:
Club Advisor/Staff Signature:	Date://

Check-Out Date:// Check-Out Time:	
Return Date: / / Return Time:	Staff Name