

# Equipment Use Form

Word of Life Assembly

37341 Main St., Burney, Ca 96013 Tel: 530-335-4419 Fax: (530) 335-5248

***Form must be filled out completely. Incomplete forms will not be approved.***

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Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Requested Date(s) for use: \_\_\_\_\_

## **EQUIPMENT USE :**

What equipment are you requesting? *Please include quantities:* \_\_\_\_\_

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For what event/activity? \_\_\_\_\_

What date will you pick items up: \_\_\_\_\_  
*Subject to approval*

What date will items be returned: \_\_\_\_\_  
*Subject to approval*

Responsible Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the responsible party have facility keys?  Yes  No

**I take full responsibility for the care and safekeeping of the equipment I am borrowing from Word of Life Assembly. I understand that if items are damaged, broken or lost while in my care, that I am responsible for replacing them.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Approved by: \_\_\_\_\_ Date: \_\_\_\_\_