



CASE

CASE WESTERN RESERVE UNIVERSITY

Form F

Sports Club Program

SPORT CLUB EQUIPMENT AGREEMENT FORM

Sports Club: _____ Date: _____

Name: _____ SS#: _____

Campus Address: _____ Telephone: _____

City: _____ Zip Code: _____ E-Mail: _____

Hometown Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Item	No.	Color	Size
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Notes concerning equipment listed above (condition, etc.,)

Equipment Deposit: \$ _____ (if applicable)

In consideration of the use of the above equipment belonging to the CASE Physical Education and Athletic Department Sports Club Program, I understand that failure to return this equipment in a reasonable state of wear by _____ (date) will obligate me to pay a fine of \$2.00 per day for each day the equipment is out past said date. If the above said equipment is not returned within five (5) days, I agree to reimburse the CASE Physical Education and Athletic Department Sports Club Program for the cost of new replacement equipment thereof. I have read and understand the above.

Signature Club Member _____ Date _____

Signature Sport Club Equipment Manager _____ Date _____

Date Equipment Deposit Received: _____ Amount: \$ _____ [] Check [] Money Order [] Cash

Date Equipment Deposit Returned: _____ Amount: \$ _____

Additional remarks should be listed on back