



Stephen F. Austin State University
 Sport Club Program
 Equipment Request

Name: _____

Phone: _____

Club: _____

Date of Request: _____

Date Needed: _____

Date to be Returned: _____

Reason: _____

Type of Equipment/Description	Quantity	Numbers Needed (if applicable)

I have counted the equipment to be borrowed and inspected its condition prior to using the equipment. I understand that I must return any equipment borrowed in the same condition in which it was received. I will be responsible for the cost of repair or replacement for any damaged or missing equipment. Equipment not returned within one week of the date it was borrowed will be considered lost/missing and I will be responsible for the cost of replacement.

Print Name

Signature

Office

Date

Office Use Only

Equipment Out: Date _____ Time _____ Staff Initials _____

Condition of Equipment: _____

Equipment In: Date _____ Time _____ Staff Initials _____

Condition of Equipment: _____