



RISD School-Owned Instrument Check-out Form



Student Name: **Rylie Oleson** Grade: **12**
 Address: **1205 Ashland Dr** Phone: _____
 City: **Richardson** State: **75** Zip: **75080**
 Parent/Guardian Name(s): **Amy Oleson** Add'l Phone#(s): **(972) 358-7618**
 Instrument Type / Make / Model: Serial #: **474210-B**
4/4 / Thomas Hawthorne Deluxe SE / Deluxe SE
 District/ID Number: **Xavier 474210-B** Student ID #: **328448**

This is to certify that I am using a school-owned instrument. I understand the guidelines concerning use of my school instrument (*found on the reverse of this form*) and will observe all guidelines.

Signed: _____ Date: _____
Student Musician

I have read the guidelines for using a school-owned instrument (*found on the reverse of this form*) and understand how it applies to my child.

APPROXIMATE REPLACEMENT VALUE

OF THIS INSTRUMENT IS: | 6,500.00 |

I hereby agree to hold myself personally and financially responsible for any damage or loss of the instrument while it is in my care. I understand that the RISD does not provide off-campus insurance coverage for damage/theft of this instrument. I will allow no other person than the student designated above to use the instrument. I agree to maintain the instrument in its current condition and return it when requested by the director.

Signed: _____ Date: _____
Parent/Guardian Signature

Make \$100 check payable to your band or orchestra booster club

For Office Use:

Rental Fee _____ Date Paid _____ Ck/Cash _____ Date Issued _____
 Date Returned _____ Recondition Fee _____ Date Paid _____ Ck/Cash _____

Condition of Instrument and Case:

_____ New _____ Excellent _____ Good _____ Fair _____ Poor

(Provide detailed information if "good", "fair", or "poor" is checked.)

_____ Bocal _____ Mouthpiece _____ Neck Strap _____ Seat Strap _____ Other
 _____ Bow _____ Shoulder Rest _____ Rock Stop _____ Mute _____ Rosin _____ Other