



# Eugene-Springfield Youth Orchestras (ESYO) 2017-2018 INSTRUMENT RENTAL AGREEMENT

Please return the completed form to the ESYO office  
with the full payment of \$90 or a financial aid application form.  
***Instruments will not be distributed until registration is completed  
and payment and/or payment arrangements have been made with the ESYO office.***

**Check payable:** Eugene-Springfield Youth Orchestras (ESYO)  
**Mailing address:** P.O. Box 5666, Eugene OR 97405  
**Phone number:** 541-484-0473  
**Rental period:** September 15, 2017 through May 31, 2018  
**Rental fee:** \$90 for SA2, LS, JO, YS

Student Name (Last, First) \_\_\_\_\_ Class/Orchestra \_\_\_\_\_

Instrument \_\_\_\_\_ Size \_\_\_\_\_ Shoulder Rest / Rosin \_\_\_\_\_

**Student agreement:**

- I intend to check out an instrument from Eugene-Springfield Youth Orchestras and agree to be responsible for giving it the best care.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent agreement:**

- I agree to be responsible for *up to the value of the instrument* for damage or loss resulting from accidents, neglect or failure to return the rental instrument.
- I understand that I will be charged \$10 a month if the instrument is not returned by the end of the rental period above and this may impact my ability to rent instruments from Eugene-Springfield Youth Orchestras in the future.
- I agree to return the instrument to Eugene-Springfield Youth Orchestras if payment is overdue.

Parent or Legal Guardian Name (please print) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

**For office use only:**  
QB \_\_\_\_\_ Payment \_\_\_\_\_ Amount \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ CC \_\_\_\_\_ Copy to Instrument Coord \_\_\_\_\_