

# 201, SUMMER INSTRUMENT RENTAL AGREEMENT

**Please fill in the form and return it to ESYO with full payment to receive the rental instrument.**

If you need further assistance, please contact the ESYO office for a payment plan

Please make check payable to: ESYO

Mailing address: PO Box 5666, Eugene OR 97405

Phone number: 541-484-0473

Instrument rental fee: \$40 (payment due at time of rental)

Instrument rental period: June 15, 2017 to Sep 15, 2017

Student (please print) \_\_\_\_\_ Parent (please print) \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

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

Private Teacher Name and Phone Number \_\_\_\_\_

Instrument + Size + Accessories \_\_\_\_\_

ESYO Program \_\_\_\_\_

Student agreement:

- I have received the school instrument described below and hereby agree to be responsible for giving it the best care

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

Parent agreement:

- I agree to be responsible for up to \$250 damage or loss resulting from accidents, neglect or failure to return the instrument described below
- I understand that I will be charged \$10 a month if the instrument is not returned by Sep 15, 2017
- I agree to return the instrument to ESYO if payment is overdue

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

Filled in by teacher

Instrument number \* \_\_\_\_\_ Case number \* \_\_\_\_\_

Bow number \* \_\_\_\_\_ Accessories \_\_\_\_\_

For office use \_\_\_\_\_

Rental date \_\_\_\_\_ Returned date \_\_\_\_\_ Handled by \_\_\_\_\_