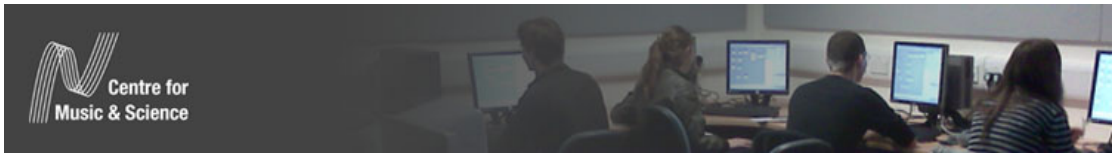

EQUIPMENT LOAN FORM

Name: _____

E-mail address / CRSid: _____ Telephone: _____

Description	Quantity	Deposit

All equipment to be returned by the following date/time: _____

Lending authorised by: _____ Date/time: _____

By signing this form, you assume liability for any costs resulting from loss or damage caused to the equipment while it is in your care.

Borrower's signature: _____ Date/time: _____