



RONAN SCHOOL DISTRICT #30
INSTRUMENT CHECK OUT FORM

Student Name: _____

Current school Year: _____

Instrument: _____

Serial Number _____

I promise to care for my instrument with the utmost respect. If I cause damage to my instrument I will pay for the cost of the repair. I understand that this instrument is only being loaned to me.

Student Signature: _____ Date _____

Parent Signature: _____ Date _____