



Department of Student Activities

Rental Agreement Form



Today's Date _____

Requesting Organization/Department Information:

Organization Name	Individual Contact Name
Email Address	Contact Phone Number

Please take into account that although you are requesting the usage of an item, there is no direct guarantee that it will be available. All items are on a first come first serve basis and are contingent upon Student Activities Department usage and availability. These items will be approved for usage at the discretion of the Director of Student Activities. To better ensure your requested items/date, please submit this form **at least 5 business days prior** to your scheduled usage.

As the contact person, you are solely responsible for the items are you requesting. You are also responsible for the proper care and cleanup of any rented items. If damages occur, you assume full responsibility to any fines accessed. Upon approval of your request, you will be contacted by the Student Organizations Coordinator to schedule a pickup and return time.

I agree to the above mentioned terms:

Contact Signature

Please check the items you are requesting, along with the date, time and location you intend to use them.

<input type="checkbox"/>	Sno-Cone Machine <small>*Supplies not provided. Additional cleanup required.</small>	Date: _____	Time: _____	Location: _____
<input type="checkbox"/>	Popcorn Machine <small>*Supplies not provided. Additional cleanup required.</small>	Date: _____	Time: _____	Location: _____
<input type="checkbox"/>	8 ft. Tables <small>*Labor not provided. Additional cleanup required.</small>	Date: _____	Time: _____	Location: _____
<input type="checkbox"/>	Other _____	Date: _____	Time: _____	Location: _____

FOR OFFICE USE ONLY:

Additional Comments/Instructions:

ADDITIONAL INFORMATION:

PICK UP DATE/TIME:	RETURN DATE/TIME:	STAFF INITIALS/DATE:
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For more information or to check date availability contact studentactivities@shsu.edu or 936-294-3467.