

Penn Band Instrument Sign-Out

Name:

SSN:

Instrument:

Serial Number:

Campus Address:

Phone Number:

Date Taken:

Returned:

I understand that this instrument is property of the Penn Band, and that I am responsible for any damage to this instrument. This instrument will be returned in May and any problems will be promptly reported to the Equipment Manager.

Your Signature:

Board/Equip Manager Signature: