



Band Instrument Check-Out

I have received the following school-owned property from the Conroe Independent School District:

Instrument _____

Make _____

Factory serial number _____

CISD number _____

Accessories as described below:

Mouthpiece _____

Ligature _____

Straps or pads _____

Other _____

PER CISD POLICY: All checks MUST include your Drivers License Number AND Birthdate

\$75 Maintenance Fee paid: Y / N Date paid _____

Condition out

Condition in

Student Name _____ Parent Name _____

Phone _____ Email _____

Address _____

Street City State Zip code

I assume full responsibility for the above instrument and agree to pay in full to the Conroe Independent School District the amount of the above maintenance fee in addition to any other funds needed to repair or replace this instrument if damaged or lost while assigned to me. I will return this instrument to the school when requested by the director. I understand that no refunds will be given.

Student signature Date Parent signature Date