

Cirque Equipment Checkout Form

 Name of person checking out the equipment

 What event/Activity will the costume be used for

 Date equipment is being checked out

 Date equipment will be returned to the cirque department

Will the equipment be used for an:

On Campus event/activity

Off Campus event/activity

Cirque items being checked out (include description if needed (color etc.)):

_____	_____
_____	_____
_____	_____
_____	_____

- Please remember no items will be allowed to leave the campus unless agreed upon in advance by the cirque department.
- All items must be returned in the condition that they were checked out.

 Signature at checkout – Staff/Student

 Date

 Signature at checkout – Staff/Student

 Date

Cirque Department ONLY

C.D. Signature: _____

Date: _____

Cirque Equipment Checkout Form

Event/Activity: _____ Staff Name: _____

Student Name	Equipment Description
_____	_____
_____	_____
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