

**Ashworth Middle School Band
School Instrument Usage Agreement
2024-2025**

Please complete the following (PRINT all information):

Student Name: _____ Grade: _____

Homeroom Teacher: _____

Parent(s)/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Parent's Work Phone: _____

The use of an Ashworth Middle School instrument is a privilege. I understand and agree that I will be held financially responsible for any damages to the instrument named below (beyond normal wear) while it is in my possession. If the instrument is not returned on the due date assigned by the band director, I agree to pay the cost of replacement of the instrument. If I abuse the instrument, it may be removed from my possession at any time without refund.

Replacement Cost: \$ _____

Description of Instrument

Type of Instrument: _____

Make/Model: _____

Serial Number: _____

Condition of instrument at the time of issue, including accessories:

Date Checked Out: ____/____/____ By: _____ (director's initials)

Date Checked In: ____/____/____ By: _____ (director's initials)

Parent/Guardian Signature: _____

Band Director Signature: _____