

**Instrumental Music Department (Band)  
ISD 465 –Litchfield Public Schools**

**Instrument Loan Contract**

**Instrument Fee Per Year: \$50.00**

The fee is to be collected as follows: \$50.00 per year, payment to be made by  
September 30. (Payable to ISD 465)

*Students whose families qualify for free or reduced lunch under existing federal  
guidelines could have the fee either waived or reduced. Please speak with your Director.*

Student's Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Parent/Guardian Names \_\_\_\_\_

**Instrument Information**

Instrument ( ex. *Tuba* ) \_\_\_\_\_ Manufacturer ( ex. *Yamaha* ) \_\_\_\_\_

Model (ex. *YAS 52*) \_\_\_\_\_ Serial # \_\_\_\_\_ Case # \_\_\_\_\_

Additional Items: *(check all that apply)*

___ Case	___ Mouthpiece	___ # on Mouthpiece (if applicable)
___ Ligature	___ Neck strap	___ Cleaning Rod
___ Bocals	___ Lyre	___ Bass Clarinet Post
___ Mouthpiece cap	___ Other (list) _____	
List any dents, scratches, etc... _____		

**Statement of Responsibility:**

- 1) I agree to keep the instrument in sound playing condition.
- 2) **I expect to pay for any repairs made necessary by my misuse, negligence, or carelessness.**
- 3) I will return the instrument promptly if I withdraw from the program, and understand rental fees will not be refunded at that time.
- 4) I agree that I will not permit this instrument to be used by anyone but the student to whom it is assigned.

I understand that this instrument is supplied for my use as a convenience to me and not as an obligation of ISD 465. I further understand that any violation of this accepted responsibility would forfeit the privilege of using this instrument.

Date \_\_\_\_\_

Signature of Student \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

*This contract must be signed by both the student and the parent/guardian and returned to your Band  
Director. The director will then sign the contract and return a copy to you.*

**Director Information:**

___ Replacement Cost (inst. 1)	___ Replacement Cost (inst. 2)
___ Repair Cost (inst. 1)	___ Repair Cost (inst. 2)
Other: _____	Paid: _____
Signature of Director _____	Date _____