



Seneca Community Players Borrowing Form

Name of Group or Organization _____

Date of Production _____

Date of Anticipated Return _____

Name of Contact Person _____

Phone _____ or _____

Items Borrowed

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Assessed Value \$ _____

Check received _____

I understand the borrowing policy set forth by Seneca Community Players and agree to return the items in the same or better condition with no permanent alterations.

Signature

Date

Signature

Date