Equipment Loan Form

Request Date:	
Name of R Member:	Requestor:Y/N
Address:	
Phone Nu	mber:
Dates to b	e loaned:
Description of Equipment to be loaned	
Number o	f Tables:
*NOTE	
Equipmen	t Return Date:
Requestor	: (print name)
Requestor	: (signature)
Church Of	ficer:
	nip confirmation: Y/N
Confirmed	l by: