## **Clarke County Schools Band**

## **Instrument Rental Contract**

## **2023-2024 School Year**

Instrument Type	Brand	
Serial No		
Additional Supplies:		
CaseOilGrease	Sticks	_MalletsBook
LigatureSwab	_MouthpieceCap	_Strap
Other		
Date Issued//_ Co	ndition	
Date Returned//_ Condition		
Rental Fee: \$45 for the year (Fee does not include reeds) Students must purchase the book for their instrument.		
Students who play Clarinet, Oboe, and Saxophone are responsible for purchasing reeds from the music store or director.		
We acknowledge the receipt of the above instrument and accessories and agree to the following:		
will result in removal of th  2. To keep the instrument in a provide a smoke free area in place because of the extrem  3. To allow <b>no unauthorized</b> 4. To maintain instrument in placement is  6. To encourage my child to unattendance at all rehearsals	e instrument from the stude a smoke-free environment for the instrument. (This ame hot or cold temperature legood playing condition at at value in the event of loss and performances and regood performances are performances and regood performances and regood performances are performances are performances are performances and regood performances are performances	t. If there are smokers in your house you must be able to area must be in the house. A car or garage is not an acceptable es will damage the instrument.) or use this instrument. It all times. (Grease slides, clean after use, etc) as or unfixable damage. Replacement value best of his/her ability for serious study including regular
Please <b>print</b> neatly. Keep o	one copy of the contract fo	or yourself and one to the director.
will IMMEDIATELY return the in instrument this contract will be can	nstrument. If a student is n ncelled and the instrument	sibilities. We also understand that if my child drops band we not contributing to band or not being responsible with the t will be removed from the student's care. No refunds will be vay or the contract has been cancelled.
Student's Name (print)	Parent's Name (pr	rint)
Phone ()	Other Phon	ne ()
Address		
Student's Signature		Date
Parent's Signature		Date
Director's Signature		Date