

The Center for Experiential Education
Academic Service-Learning Office

EQUIPMENT RENTAL AGREEMENT

NAME OF LESSEE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE () _____

ITEM	QUANTITY	DATE TAKEN OUT	DATE RETURNED
Video Camera			
Camera Bag			
USB chord			
Remote			
Tripod			
Memory Card			

I agree to return this equipment in near or similar condition as to which I reserved it in. I will only use this equipment for purely academic purposes and will abide by the terms set forth on the Rules and Responsibilities waiver.

Date

Signature

To Be Filled Out By ASL Office

I, _____, released this equipment to _____

Date

Signature

**Return form to The Center for Experiential Education, Kaplan Hall, room 210.
Contact Meghan Amato at mamato@newhaven.edu or (203) 479-4860**