NC OUTPOST

Group Rental Form

Organization _____ Account # _____

Contact Person _____ Extension # _____

Rental Period ___/___/___ to ___/___/___ ☐ Daily ☐ Weekend ☐ Weekly

Pick-Up Date ___/___/___ Time _____ ☐ AM ☐ PM

Return Date ___/___/___ Time _____ ☐ AM ☐ PM

GROUP EQUIPMENT

ITEM	QUANTITY	ID NUMBER	PRICE EACH	TOTAL

TOTAL:

Additional Charges:

Received by: _____
Staff Initials: _____ Date: _____

Returned by: _____
Staff Initials: _____ Date: _____

Total Rental Fee:

☐ Charge to account number ☐ Mail bill to organization

COPIES:
1. OUTPOST 2. GROUP LEADER

Address: _____
_____
_____