

KCMS INSTRUMENT USE CONTRACT

Student Name		Date	
Parent/Guardian Name		School Year	
Address City and Zip Cod		ty and Zip Code	
Home Phone	e Phone Cell Phone		
Instrument	Brand		
Model No	Serial No	Replacement Cost	
Accessories: Case	Mouthpiece/Bocal	Strap	
Swab	Lyre Bow	Other	
Condition When Issued			
In exchange for the use of the NCISD owned musical instrument and accessories described above, we agree to this Instrument Use Program as follows:			
We understand that we are tear during the school year,		age to the instrument other than normal wear and d out in our name.	
		ee by the district for the use of a school owned to be paid by September 15, 2018.	
Student Signature		Date	
Parent Signature		Date	
Music Teacher Signature		Date	