



Equipment Check Out Request Form

Requests must be received no later than **three weeks prior** to the date needed. Items are lent on a first-come, first-served basis, so the materials you request may not be available.

Troop # _____ Program Level _____

Troop Leader Name _____

Day Phone _____ Other Phone _____

Email _____

Please email form to: [Girl Scouts of Northern Illinois customer care@girlscoutsni.org](mailto:customer care@girlscoutsni.org)

Request Information
 Date of Request: _____ Pick-up date: _____ Pick- up - Resource Center _____

Return date: _____ **Items must be returned to the same Resource Center it was checked out from.**

- Check out period is one week from Pick –Up Date.
- Allow 30 minutes for your check-in and check- out appointments to go over the items you are checking out.

Mark the item(s) and indicate the quantity you wish to reserve

Item	Deposit (per item)	Requested
US Flag	\$10	
GSNI Flag	\$10	
White Gloves/Red Sash Set	\$5	
Flag Stands	\$10	
Flag Holsters	\$10	
Bridge	\$25	
Cookie Costumes	\$25	

A deposit fee is required. The deposit amount is based on the item(s) checked out. If the item(s) is returned on time and in the same or better condition than it was received, the deposit will be refunded. Please review your equipment return date upon check out. For each week day that an item is kept beyond the return date, \$1 per item, will be deducted from the deposit. If you are unable to return the item(s) on time, please contact customer care@girlscoutsni.org to see if the return date can be adjusted.

Total Deposit Fee \$ _____ Card # _____ Exp _____ CID _____

Name as it appears on card _____

Check Out Agreement: (please read before signing)

I have inspected the property listed in this agreement and agree that it has been provided to me in good, usable condition. I agree to be fully responsible for any loss or damage occurring to the property before I return it. I will pay the full retail replacement price for any property lost, stolen, destroyed or damaged beyond repair. If any item is damaged but repairable, I will pay the reasonable cost of repairs. If the items are returned dirty or in disarray, I

understand my deposit will be forfeited. I agree to return the item(s) on the due date. I understand that a \$1 per weekday, per item late fee will be deducted from my deposit.

Scheduled Check In Date _____ Resource Center _____

Volunteer Signature _____ Date _____

GSNI STAFF _____ Date _____

Check In

When you return the item(s), give yourself time for the item(s) to be checked over for completeness and/or damage. All item(s) should be returned in the same or better condition than you received it.

Volunteer Signature _____ Date _____



For GSNI Use:

I agree the item(s) were returned on time and in the same or better condition than it was received. _____

The item(s) were not returned on time and/or damaged, dirty or disarray. \$_____ of the deposit will be retained.

GSNI STAFF _____ Date _____