

Equipment Use Form

Black River Falls School Nutrition Department
301 North Fourth Street Black River Falls, Wisconsin 54615

Today's Date: _____

Your Name: _____ Tel: _____

Requested Date for use: _____

Equipment Use:

What equipment are you requesting? Please include quantities: _____

For What event/activity? _____

What date will you pick up items? _____

What Date will items be returned? _____

Responsible Person: _____

KITCHEN USE:

Date: _____ Time: (start) _____ Finish _____

Additional Needs: _____

Food Service member that has agreed to work event: _____

I take full responsibility for the care and safekeeping of the equipment I am borrowing from the Onalaska School Nutrition Department. I understand that if items are damaged, broken or lost while in my care, that I am responsible for replacement.

Signature: _____ Date: _____

Approved By: _____ Date: _____

