



Campus Recreation Equipment Rental Form

Name/Date/Time/Location of Program or Event: _____

Student Group Organizer: _____
(Name, Position, Email, UAlbany ID)

Student Group President: _____
(Name, Email, UAlbany ID, Cell)

Student Group Advisor: _____
(Name, Email, Phone)

Department Representative: _____
(Name, Email, Cell)

Date/Time of Equipment Pick up: _____ Date/Time to be returned: _____
(Must be at least 15 minutes before the PE building closes on date of rental)

Individual Picking Up: _____
(If Different than Organizer) (Print Name, UAlbany ID. cell)

Equipment Requested	Quantity	Equipment Number (completed by campus rec staff if applicable)

Print Name Signature Date
(This individual will be held responsible for all equipment rented. Damaged or unreturned equipment may result in a hold being placed on the individual's student account in the amount of the cost to replace the damaged or unreturned equipment)

Campus Recreation Authorization: _____
(Professional staff only) Print Name Title

Office Use Only
Equipment Return Date and Time: _____
Everything returned and in good condition? YES _____ NO _____
If no, describe: _____
Campus Recreation Staff receiving equipment: (Print) _____

Rental Number: _____