

CHECK OUT SHEET

check one

Costume Prop Lighting Sound Scenic

Organization _____

Person Responsible _____

Phone _____ Email _____

Check-out person _____

Date checked out _____ Date to be returned _____

Item description	Quantity	Condition <i>1new → 5bad</i>	Date returned

Person Responsible Signature _____

Check-in person _____ Return Date _____