



# RENTAL AGREEMENT

Bainbridge Island Television, PO Box 10449, Bainbridge Island, WA 98110 Tel/Fax (206) 780-2980, www.bitv.org

MEMBER \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

PROGRAM TITLE \_\_\_\_\_

ANTICIPATED AIR DATE \_\_\_\_\_

## Equipment/Facility Request

Qty/Days	Item	Value	Fee	Total
		<b>Total includes WA Sales Tax</b>		

Credit Card # \_\_\_\_\_

Exp \_\_\_\_/\_\_\_\_

Insurance # \_\_\_\_\_

Requested Date/Time \_\_\_\_\_

Return Date/Time \_\_\_\_\_

Sign-out Date/Time \_\_\_\_\_

Sign-in Date/Time \_\_\_\_\_

I request the equipment listed above for the period of time indicated. I have received the equipment in good operating condition, and have knowledge of its operation to prevent damage through improper use. I will return this equipment in the same condition on or before the time listed above. I have read BITV Rules and Procedure Manual, and upon signing this agreement I accept full responsibility for the equipment including theft and damage, and agree to the terms of the BITV Rules and Procedure Manual.

Accepted by (BITV Member) \_\_\_\_\_

Date \_\_\_\_\_

Returned in good condition (BITV staff) \_\_\_\_\_

Date \_\_\_\_\_

Comments \_\_\_\_\_