

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS
Division of Performing, Visual & Digital Media Arts

◆ Department of Music ◆

Carson, CA 90747

(310) 243-3543

INSTRUMENT CONTRACT

Date:				
Instrument:	Make & Model:			
Serial #:	Property #:		Condition:	
Accessories:(please circle)		Lyre	Ligature Neck Strap specify)	Mouthpiece Cap Swab
STATEMENT OF RESPO	ONSIBILITY;			
I, the undersigned, have recessame condition, exclusive o or at any time upon demand	f the depreciatio	n of normal we	ear, at the end o	
It is understood that in case California State University will pay for necessary repair	Dominguez Hill	s Department o	f Music, and, i	
I agree I will not permit this	instrument to be	e used by anyo	ne but myself.	
I understand that I will furni	sh my own acce	essories for use	with this instru	iment.
I understand that no grade w been returned and this contr				this instrument has
Signature of Student: Print Name: Student ID:				
Dominguez Hills Address: (if applicable)	Home	(other) Addres	<u>88</u>
Street: Phone:		Street Phone	;	
Signature of CSU Domingu	ez Hills Studio l	Instructor:		
THIS CONTRACT IS HER	EBY CANCEL	LED AS OF TI	HIS DATE:	
Signature of CSU Domingu	ez Hills professo	or cancelling th	is contract:	
Original: CSUDH Studio Instructor CC: Department Files				

Semester Rental Fee: \$20.00 Cashiers' Stamp Here: