Easel Checkout Form

BISMARCK
EVENT CENTER

Event Name: _____

Date of Event: _____

Number of Easels: _____

Date give to client: _____

Name of Client Receiving Easels: _____

Date Returned: _____

Returned by: _____

Issues/Comments: _____

_____

_____

Any easel given to a client must be returned when then event is completed. Easels that are not returned are subject to a $30.00 fee.

_____ _____

Client Name Date BEC Name Date

_____ _____

Client Signature Date BEC Signature Date