

Project title: _____

Team name: _____

Team number: _____

To whom it may concern,

I/We, _____ (names), student IDs _____, check out _____
(equipment name) on _____ (date). We promise to return the equipment by the
end of Spring quarter and in good working conditions. We will replace/repair the equipment
should any damage occur.

_____ (name) _____ (signature)

_____ (name) _____ (signature)

_____ (name) _____ (signature)

_____ (name) _____ (signature)

_____ (name) _____ (signature)

*** Do not fill this box**

Device #: _____

Device SN: _____

Check-out Date: _____

Check-in Date: _____