

Staff	Date	St. Lawrence University Outdoor Program Equipment Sign-Out sheet	Date Charged	Charge
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Name: _____ Contact number: _____

ID #: _____

Circle One: Student Faculty/Staff Other

Date out: _____ Date due: _____ Date returned: _____

Due date policy: Items are due one week following the date equipment was signed out.

Tents	Week Rate	Replacement Cost	Rented	Returned	Sleeping Bag	Week Rate	Replacement Cost	Rented	Returned
BD megamid	\$5.00	\$250.00			20 deg	\$5.00	\$200.00		
BD bugmid	\$5.00	\$250.00			0 deg	\$5.00	\$275.00		
tarp	\$2.00	\$40.00			pad	\$1.00	\$50.00		
Trango 3	\$5.00	\$500.00			Avi protection	Week Rate	Replacement Cost	Rented	Returned
Trango 2	\$5.00	\$500.00			shovel	\$1.00	\$75.00		
Backpacks	Week Rate	Replacement Cost	Rented	Returned	probe	\$1.00	\$75.00		
Lowe	\$5.00	\$250.00			transceiver	\$5.00	\$400.00		
Osprey	\$5.00	\$250.00			Cooking	Week Rate	Replacement Cost	Rented	Returned
Skis	Week Rate	Replacement Cost	Rented	Returned	lg. pot	\$1.00	\$40.00		
nordic	\$5.00	\$275.00			med. Pot	\$1.00	\$35.00		
tele	\$5.00	\$600.00			sm. Pot	\$1.00	\$30.00		
AT	\$5.00	\$600.00			grips	\$1.00	\$20.00		
nordic boots	\$5.00	\$100.00			polar pure	\$1.00	\$20.00		
tele boots	\$5.00	\$500.00			msr stove	\$2.00	\$70.00		
AT boots	\$5.00	\$600.00			fuel bottle	\$1.00	\$30.00		
skins	\$2.00	\$150.00			spatula	\$1.00	\$10.00		
snow shoes	\$5.00	\$175.00			spoon	\$1.00	\$10.00		
ski poles	\$1.00	\$75.00			Misc.	Week Rate		Rented	Returned

- Notification and late fee policy for equipment:**
1. You will be charged a weekly rate if the equipment is not returned at the due date and you will receive an email notification.
 2. After 14 days: you will be charged for the replacement of all items at current prices.
 3. All fees, including late fees will be charged directly to your campus wide account.
 4. I am responsible for any gear not returned or damaged through negligence and will replace such gear according to the equipment room policy.

I have read the notification policy and agree to have my account charged for any fees, including late fees and full replacement cost of equipment.

Signature: _____ **Date:** _____