



Receipt and Bond for Band/ Orchestra Instruments

Department of Secondary Curriculum and Districtwide Programs
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 334-13
January 2016

Student Name _____ School _____

Instrument Received _____ Date Received ____/____/____

Make _____ Factory Serial No. _____ School Instrument No. _____

Value \$ _____ Model _____ Finish _____

<input type="checkbox"/> Case	<input type="checkbox"/> Lyre	<input type="checkbox"/> Oil	<input type="checkbox"/> Grease	<input type="checkbox"/> Cap	<input type="checkbox"/> Cleaning Rod
<input type="checkbox"/> Key	<input type="checkbox"/> Bow	<input type="checkbox"/> Strap	<input type="checkbox"/> Rosin	<input type="checkbox"/> Ligature	<input type="checkbox"/> Adjuster
<input type="checkbox"/> Swab	<input type="checkbox"/> Stand	<input type="checkbox"/> Crooks	<input type="checkbox"/> Bits	<input type="checkbox"/> Mouthpiece	<input type="checkbox"/> Book
<input type="checkbox"/> Screw Driver	<input type="checkbox"/> Reed Case	<input type="checkbox"/> Piston Wiper	<input type="checkbox"/> Sticks	<input type="checkbox"/> Tuner	

Other _____

Remarks:

I hereby agree to hold myself financially responsible for any damage, except normal wear and tear, which may come to the instrument while it is in my care. I agree that no person other than myself will be allowed to use the instrument and that I will return it to the school when requested by the instrumental music teacher.

Signature, Student _____ *Date* _____

Signature, Parent/Guardian _____ *Date* _____

Address _____
Street City State ZIP Code

Approved: _____
Signature, Instrumental Music Teacher _____ *Date* _____

Instrument described above returned in following condition:

Date Returned ____/____/____

School _____

Remarks:

Signature, Instrumental Music Teacher

NOTE: Copy after form is returned with all signatures.
DISTRIBUTION: COPY 1/Parent/Guardian; COPY 2/School File.