



# Iowa High School Music Association

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## Digital Recorder Rental Agreement

Name \_\_\_\_\_

Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Physical Mailing Address:

\_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Date needed by:

Date of event:

Number of Digital Recorders needed:

\_\_\_\_\_ X \$5.00

Total Due IHSMA

\_\_\_\_\_

Please remit payment with your request. The recorders are due back in the IHSMA office within 7 days of the event.

I agree to replace any missing or damaged recorders at replacement cost and to return said recorders within 7 days of the event date stated above.

\_\_\_\_\_

(signature)

### Office Use Only:

Recorders Assigned: \_\_\_\_\_

Date Sent: \_\_\_\_\_ Date Returned: \_\_\_\_\_