



**Equipment Rental Agreement**  
Available at Newark and/or Salisbury  
Resource Centers

Pick-up date: \_\_\_\_\_ Return date: \_\_\_\_\_

**To Reserve GSCB Equipment**

Complete all spaces which apply. Rental fees cover a one-week period of time. Send this form to GSCB at Newark Resource Center, 501 S. College Ave., Newark, DE 19713 or Peninsula Resource Center, 911 Snow Hill Road, Salisbury, MD 21804.

**You will be charged for the replacement or repair of any items damaged while in your care.**

Service Unit #: \_\_\_\_\_ Troop #: \_\_\_\_\_

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

Address: \_\_\_\_\_

Day phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Equipment	Qty. Requested	Cost per Item	Total Cost Due
Bridge	_____	\$5.00	_____
Parachute Game (2 available)	_____	\$5.00	_____
Sewing Machines (4 available)	_____	\$5.00 each	_____
Uniform Trunk	_____	\$5.00	_____
Daisy's Trunk	_____	\$5.00	_____
Clowning Kit	_____	\$5.00	_____
Flags/stands	<u>see back page</u>	\$5.00/per 10 flags	_____
		<b>Total \$</b>	_____

*Please see reverse side for more information*



Flag Name	Requested
American Flag	
Council Flag	
World Association Flag	
Argentina	
Australia	
Austria	
Belgium	
Brazil	
Burma	
Canada	
Ceylon	
Chile	
China	
Columbia	
Costal Rica	
Cuba	
Denmark	
Egypt	
El Salvador	
Finland	
France	
Gabon	
Germany	
Ghana	
Great Britain	
Greece	
Guatemala	
Haiti	
Iceland	
India	

Flag Name	Requested
Maryland State Flag	
Delaware State Flag	
Virginia State Flag	
Iraq	
Ireland	
Israel	
Italy	
Jamaica	
Japan	
Kenya	
Lebanon	
Liechtenstein	
Mexico	
Malaysia	
Monaco	
Netherlands	
Nigeria	
Norway	
Pakistan	
Panama	
Peru	
Philippines	
Poland	
Puerto Rico	
South Africa	
South Korea	
Spain	
Sweden	
Switzerland	
Venezuela	

Flag Stands

Please check at which office you will be picking up:  Newark  Salisbury

**I agree to return the above equipment by the date listed. If I do not return by that date, I will be charged \$1.00 per day/per item. I understand the equipment will be inspected by GSCB Staff upon its return and I will be charged for any repair or replacement cost in case of damage while in my care.**

Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check #: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Date Returned: \_\_\_\_\_ Received By: \_\_\_\_\_

Condition and/or Damages: \_\_\_\_\_

