

## **Block Party Trailer Check-Out Form**

| Church Name:                    |                          |  |
|---------------------------------|--------------------------|--|
| Church Address:                 | Phone #:                 |  |
| Trailer Check Out Date:         | Check Out Time:          |  |
| Trailer Return Date:            | Approximate Return Time: |  |
| Person Responsible for Trailer: |                          |  |
| Address:                        |                          |  |
| Home Phone #:                   | Cell #:                  |  |

Place a check mark if item is on the trailer at the time of check out. Upon return of trailer, place a check mark beside items on trailer.

| Check out: (Initials)           | heck out: (Initials) Check In/Return (Initials) |                                 |
|---------------------------------|---|---------------------------------|
| Canopies (4)                    |   | Canopies (4)                    |
| Carnival Games (5)              |   | Carnival Games (5)              |
| Coolers (2)                     |   | Coolers (2)                     |
| Electric Cord 50' (4)           |   | Electric Cord 50' (4)           |
| Electric Cord 100' (2)          |   | Electric Cord 100' (2)          |
| Fire Extinguisher (1)           |   | Fire Extinguisher (1)           |
| First Aid Kit (1)               |   | First Aid Kit (1)               |
| Folding Chairs (12)             |   | Folding Chairs (12)             |
| Generator (1)                   |   | Generator (1)                   |
| Grill (1)                       |   | Grill (1)                       |
| Ice Chests (2)                  |   | Ice Chests (2)                  |
| Moonwalk Large (1)              |   | Moonwalk Large (1)              |
| Moonwalk Small (1)              |   | Moonwalk Small (1)              |
| Popcorn Machine (1)             |   | Popcorn Machine (1)             |
| Sno-Cone Machine (1)            |   | Sno-Cone Machine (1)            |
| Sound System CD/Tape Player (1) |   | Sound System CD/Tape Player (1) |
| Supply Bins (6)                 |   | Supply Bins (6)                 |
| Tables (6)                      |   | Tables (6)                      |
| Table Games (3)                 |   | Table Games (3)                 |

(OVER FOR REST OF FORM)

| Note any problem or potential problems with the equipment. Note any missing pieces of the equipment. |
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|  |
| Approximate number of people expected at the event:  |
| Actual number of people in attendance at the event:  |
| Typed of event planned:  |
| Results of the Event:  |
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## \*For Office Use

| Date of Check Out:  |        |       |     |    |  |
|---|--------|-------|-----|----|--|
| Date of Event:  |        |       |     |    |  |
| Date Form returned to                                       | CBA of | fice: |     | -  |  |
| Is Church insurance/certificate on file at the Association? |        |       | YES | NO |  |
| Usage Fee Paid?   | YES    | NO    |     |    |  |