**Williamsport Area School District**

**Music Department**

**SUMMER USAGE FORM**

I would like to have my son/daughter keep their instrument during the summer. I understand that it is my responsibility to return the instrument to the school if we leave the school district for any reason during the summer months.

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| --- | --- |
| Print Student Name: | Current School: |
| School attending next year (2015-16): | Instrument: |
| Instrument Number (located on the case & on the instrument) | Phone Number: |
| Address: | Email Address: |

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_