



ISLAMIC CENTER OF BATON ROUGE RENTAL EQUIPMENT

ICBR EQUIPMENT RENTAL FORM

Date of Rental: _____ Date of Return: _____

Name: _____

First Name

Last Name

Phone Number: _____

Address: _____

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

I Acknowledge that the

Late Fees are \$3.50 per Child and \$10.00 Per Table Per Additional Day

FOR OFFICE USE ONLY

Equipment Received By:

Received Date:

Equipment Return By:

Return Date:



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THE EQUIPMENT FEES ARE AS FOLLOWS

My Products

\$3.50 PER CHAIR \$3.50
PER CHAIR ADDITIONAL DAY

Quantity

\$10.00 PER TABLE: \$10.00
PER TABLE PER ADDITIONAL DAY

Quantity

Total: _____

Credit Card:

First Name

Last Name