



Instrument inventory # _____

Umpqua Valley Youth Orchestra 2019-20 Instrument Rental Agreement

www.umpquavalleyyo.org

Student Name: _____

Parent Name: _____

Email Address: _____

Home Address _____

Mailing Address (if different) _____

Phone # _____ Cell Phone # _____

Select one: *SS# _____ or *Driver License #/State _____ / _____

(*Or \$100 deposit per family. Please initial if you choose this option: _____)

Rental Instrument ~ Please check appropriate box:

Violin @\$5.00/month

Cello @\$10.00/month

Viola @\$5.00/month

Bass @\$20.00/month

This instrument is being rented to the above student with the understanding that reasonable care, as outlined in the "Care Guide for Stringed Instruments" will be taken to protect the instrument from any damage. Any repairs to the instrument must have approval from the Umpqua Valley Youth Orchestra director. Please do not attempt any repairs on your own. **Repairs due to damage through carelessness will be the responsibility of the student and parent. Lost or stolen instruments will also be the responsibility of the student and parent. Any past due rent shall be the responsibility of the student and parent until the return of the instrument to Umpqua Valley Youth Orchestra. In addition, failure to pay monthly rental for three months in a row will require UVYO to take possession of the instrument.** (Remember that until you turn in a rented instrument, your family is responsible for the monthly rental fees as long as that instrument remains in your possession.) **Instruments can be returned on Thursday afternoons during the orchestra season (September through May) from between 4 p.m. and 5:30 p.m. or call Kristin at 541-643-5035 to make arrangements for return.**

I agree to the above terms, and I have read and understand the "Care Guide for Stringed Instruments".

Parent signature _____

Date _____

All instrument rental payments are due by the **1st Thursday** of each month. You may also pay future monthly rent for more than one month at a time (i.e., paying rental fees for the next 12 months). Please make checks to **Umpqua Valley Youth Orchestra** or **UVYO**. Please mail this form and payment to: UVYO, PO Box 549, Roseburg, Oregon 97470 or bring monthly instrument rental payment (checks or cash) and rental payment coupons to the payments table during rehearsal times.

UVYO Use: Deposit received on _____ by _____ (initial)