



PPS Musical Instrument Rental Agreement and Payment Form

Accounting Cashier
PO Box 3107
Portland, OR 97208-3107
503.916.3005

For translation support, contact the PPS Language Line

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|--------------------------------------|--|--|--------------------------------------|---------------------------------|-----------------------|
| Español Spanish 503.916.3582 | Soomaaliga Somali 503.916.3586 | Tiếng Việt Vietnamese 503.916.3584 | Русский Russian 503.916.3583 | 中文 Chinese 503.916.3585 | Other 503.916.3589 |
|--------------------------------------|--|--|--------------------------------------|---------------------------------|-----------------------|

1 SCHOOL NAME: _____ SCHOOL YEAR: _____

PPS INSTRUMENT NUMBER: _____ SERIAL NUMBER(optional): _____

STUDENT NAME: _____ STUDENT ID #: _____

2 INSTRUMENT (Please check/circle one)

| | | | |
|--|---|---|---|
| <input type="checkbox"/> Oboe (\$2,400/\$6,000) | <input type="checkbox"/> Bassoon (\$8,000) | <input type="checkbox"/> French Horn (\$2,400) | <input type="checkbox"/> Violin (\$600) |
| <input type="checkbox"/> Piccolo (\$600/\$1,400) | <input type="checkbox"/> Alto Sax (\$1,700) | <input type="checkbox"/> Cornet/Trumpet (\$400) | <input type="checkbox"/> Viola (\$700) |
| <input type="checkbox"/> Flute (\$300) | <input type="checkbox"/> Tenor Sax (\$1,900) | <input type="checkbox"/> Trombone (\$400) | <input type="checkbox"/> Cello (\$1,300) |
| <input type="checkbox"/> Clarinet (\$300) | <input type="checkbox"/> Baritone Sax (\$4,500) | <input type="checkbox"/> Baritone/Euphonium (\$400) | <input type="checkbox"/> Bass (\$1,600) |
| <input type="checkbox"/> Bass Clarinet (\$1,700) | <input type="checkbox"/> *Percussion (\$30) see below | <input type="checkbox"/> Tuba/Sousaphone (\$3,000) | <input type="checkbox"/> OTHER: Please list: |

3 I HEREBY ACKNOWLEDGE RECEIPT OF THE ABOVE INSTRUMENT WITH CASE AND ACCESSORIES AND AGREE THAT:

1. Regular maintenance and repairs are done by the PPS music shop. If damage is above and beyond normal use through mistreatment of instrument, I am responsible for the cost of replacement parts for repairs.
2. I will pay the replacement cost if the instrument is lost or not returned (fee listed after each instrument above).
3. No person, other than myself, will be allowed to use the instrument without permission of the instructor.
4. The instrument is to be used only in preparation for playing in Portland Public Schools programs.
5. If the instrument becomes damaged, my instructor and I will send the instrument to the PPS repair shop for regular maintenance and repair at no charge. I am responsible for the costs if I bring it to a different shop/store.
6. The instrument will be returned to the instrumental music instructor at the end of the period of use stated above or upon request. **NO REFUNDS. You will owe replacement costs if the instrument is not returned or renewed.**

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| | |
|---|---------|
| <input type="checkbox"/> GENERAL FEE | \$75.00 |
| <input type="checkbox"/> PERCUSSIONISTS \$30 | \$30.00 |
| <input type="checkbox"/> 2ND PPS INSTRUMENT | |
| (fee waived) \$0 | \$0.00 |
| <input type="checkbox"/> *INSTRUMENT SWITCH | |
| (fee waived) \$0 | \$0.00 |
| *PPS instrument number of returned instrument: | |

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Please pay by check or credit card.

CHECK: Payable to Portland Public Schools.

CREDITCARD: Please log onto your pps.schoolpay.com account to pay/fill out a contract.

FEE WAIVER: My child is eligible to receive free or reduced price meals and I consent to sharing my child's name and meal eligibility status for the purpose of receiving a fee waiver for their musical instrument. **Initial here:** _____

CASH OR CHECK: Please return this form to your music instructor, school bookkeeper, or secretary.

They will then send the contract to the PPS Accounting Cashier.

For office use only

Moneywire from school

I HAVE READ AND AGREE TO THE STATED TERMS AND CONDITIONS ABOVE

| | | | |
|---------------------------------------|-------------------------------------|------|-----|
| 6 Student Name (Please Print): | Student Signature: _____ | Date | / / |
| 7 Parent/Guardian Name: | Parent/Guardian Signature: _____ | Date | / / |
| Parent/Guardian E-mail: | Parent/Guardian Phone Number: _____ | | |