

**Cave Spring Baptist Church
Equipment Loan Form**

Name: _____

Street Address: _____

City, State Zip Code: _____

Email Address: _____

Phone Number: _____

Event: _____

Location: _____

Event Purpose: _____

Event Date: _____

Equipment Needed: _____

Equipment Pick Up Date: _____

Equipment Return Date: _____

Church use only:

Date Submitted: _____

Date Approved: _____ Approved By: _____

Date Notified: _____