

L.O.V. LUFKIN FORM

LUFKIN ON VACATION PROGRAM



CHECK OUT FORM

First and Last Name

Today's Date

Destination

Date of Expected Return

Organization

CONTACT INFORMATION

Full Address

Postcode

City / Country

E-Mail

E-Mail

Memo of Understanding for Lufkin on Vacation Program

By participating in the Lufkin on Vacation program, I acknowledge that I assume full responsibility for the City Flag and will follow all guidelines outlined by the program. I also understand that any pictures or usage of the flag must be tasteful and appropriate. I acknowledge that this program is for entertainment and engagement purposes only.

Furthermore, I understand that any lost or damaged flags will result in a \$25.00 replacement fee that I am responsible for.

Signature

Date

FOR OFFICE USE ONLY

Copy of Identification : ☐ Yes ☐ No

Return Date

Note any Damage to flag prior to check out

Note any Damage to flag upon return

Witness: