**CONTACT INFORMATION Date request was submitted***: \_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |
| --- | --- |
| *Name of Organization*  |  |
| *Organization Address* |  |
| *Name of Contact Person* |  |
| *Phone* |  | *E-mail* |  |
| *Second Contact Person* |  |
| *Phone* |  | *E-mail* |  |

**DATES** (*additional time will be needed to transport suits)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Suits are Needed From* | ***Start Date:*** |  | ***End Date:*** |  |
| *Site where suits will be used:* |  |

Rental fee for use of suits: **$200 for adult sizes (all suits, not each)**

 **$150 for youth sizes**

 **$300 for use of both adult and youth**

Fee will be used for Scrubs Camp scholarships

Make Check out to**: WSU Foundation**

Mail check to: HealthForce Minnesota | UCR box 74 | 859 -30th Ave SE | Rochester, MN 55904

**SUIT INFORMATION and TRANSPORTING**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Adult Sizes*** | *Quantity Requested* | ***Youth Sizes*** | *Quantity Requested* |
| ***Adult******Small*** *– 2 suits available* |  | ***Youth Medium*** *– 4 suits available* |  |
| ***Adult Medium*** *– 2 suits available* |  |  |  |
| ***Adult Large*** *– 2 suits available* |  |  |  |
| ***Adult Extra-Lg*** *– 1 suit available* |  |  |  |
| ***Total Adult Suits*** |  | ***Total Youth Suits*** |  |
| ***Transporting Suits*** | The rentee will assist in transporting suits when possible |

**DATA REPORT (Required)**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Grade level*** | [ ]  Middle School, grades 6-9[ ]  High School , grades 10-12[ ]  College level[ ]  Employee Training | **Total number of students** |  |
| **Number of females** |  |
| **Number of males** |  |
| **Number of NON-Caucasians** |  |
| ***Hours of class instructions*** |  |

*Comments*: