



NCPBL Professional Division-Foundation, Inc. Officer Apparel Program Form	
Officer Name:	
Chapter Affiliation:	
Adviser Name and Chapter Mailing Address:	

Apparel Items:	Items Checked Out...<u>Date</u>	Items Checked In...<u>Date</u>
Blazer:	Size:	Size:
Ties:	Qty:	Qty:
Scarfs:	Qty:	Qty:
Officer Signature:		DATE
Adviser Signature:		DATE
Board Member Signature:		DATE

Acknowledgement	
<p>I acknowledge that I have received the above items from the NCPBL Professional Division-Foundation, Inc. I understand that I must return the items at the end of my term(s) of office at the State Leadership Conference or sooner if I resign prior to the end of my term. I agree that I will reimburse the NCPBL Professional Division-Foundation, Inc. for any items not returned or returned damaged, up to \$200.00. If the student officer does not reimburse the NCPBL Professional Division-Foundation, Inc., I understand that the local chapter will be held financially responsible.</p>	
Officer Signature:	Date
Adviser Signature:	Date
Board Member Signature:	Date