

I understand this form should be submitted before the equipment is needed, and the appropriate person should be notified at least fourteen days in advance to the scheduled presentation. I also understand that I am responsible for any damage incurred to the equipment while in my care. I will also return all equipment allotted to me promptly on or before the due date.

Requesters Name: _____ Today's Date: _____

Phone: (____) _____ - _____ Staff/Faculty Signature: _____

Event Name: _____ Event Location: _____

Staff/Faculty Printed Name: _____

Staff/Faculty Signature Required for student checkout

Please reserve the following items for use at least Fourteen days in advance.

***** Note: Some items may not be available at time of request. *****

- | | |
|---|--|
| <input type="checkbox"/> 1. Boom Box CD/ Cassette | <input type="checkbox"/> 6. Video/Data Projector |
| <input type="checkbox"/> 2. Overhead Projector | <input type="checkbox"/> 7. TV/VCR/DVD Unit |
| <input type="checkbox"/> 3. Cassette Player | <input type="checkbox"/> 8. DVD/VCR |
| <input type="checkbox"/> 4. Camcorder and Tripod | <input type="checkbox"/> 9. Projection Screen |
| <input type="checkbox"/> 5. Slide Projector | <input type="checkbox"/> 10. Other _____ |

Any questions or concerns in planning an event please call x5085

SOUND SYSTEM REQUISITION

Use Sound System Requisition Form if choices below do not suit your events needs:

13. Sound System – 4 channel
(4 channel system consist 2 speakers on stands mixer/amp boom stand, DI & and one mic)

14. Sound System – 6 channel
(6 channel system consist 2 speakers on stands mixer/amp boom stand, DI & two mics)

I will need this unit for the following:

Date(s) _____ Class/Hour(s) _____

MEDIA SERVICES USE ONLY

Delivery Time _____ Condition of equipment on delivery _____

Return Time _____ Condition of equipment on return _____