

Note: This Section must be filled out by the person that is responsible for the equipment during the event

Requesters Name: _____ Event Location: _____

Today's Date: _____ Pick up Time: _____

Departure Date: _____ Return Time: _____

Returning Date: _____ *Phone: (____) ____ - _____

*E-Mail: _____

*Staff/Faculty Printed Name: _____ *Phone: (____) ____ - _____

*Staff/Faculty Signature: _____ *E-Mail: _____

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. ****

- € 1. Red System – Mackie 24 Channel
(Mackie 24 channel Inventory Sheet Must Be Pick up in **Bolin 206** Day of or Prior to Leaving Date)
- € 2. Blue System – Soundcraft 24 Channel
(Soundcraft 24 channel Inventory Sheet Must Be Pick up in **Bolin 206** Day of or Prior to Leaving Date)
- € 3. Black System – Soundcraft 40 Channel
(Soundcraft 40 channel Inventory Sheet Must Be Pick up in **Bolin 206** Day of or Prior to Leaving Date)

**** Note: Media Services is not responsible for any personal Items that are not a part of our Inventory. ****

Additional Item or Requests

Any questions or concerns pertaining to audio Equipment needs please call x5204

THIS FORM MUST BE COMPLETED THE DAY OF PICK UP

EQUIPMENT ACCOUNTED FOR _____

NOTES: _____

FULL TIME MEDIA SERVICES STAFF SIGNATURE: _____

DATE _____

DATE: _____

RECEIVED INVENTORY SHEET: YES/NO

PRINTED NAME: _____

STUDENT OR STAFF/FACULTY SIGNATURE: _____

For Any questions or concerns please call x5156

***THIS FORM MUST BE COMPLETED THE
DAY OF RETURN***

EQUIPMENT ACCOUNTED FOR _____

DATE: _____

STUDENT OR STAFF/FACULTY SIGNATURE: _____

FULL TIME MEDIA SERVICES STAFF SIGNATURE: _____

Note This Section must be filled out by the person who is responsible for the equipment during the event

ITEMS MISSING:

ITEMS DAMAGED:

ITEMS NOT WORKING PRIOR TO EVENT:
