

Audiovisual Equipment Reservation

Name _____

Room _____ Today's Date _____

Date Needed _____ Until _____

Periods: AM 1 2 3 4 5 6 7 8 9 PM

Item	Qty	MIS Use	Item	Qty	MIS Use
<input type="checkbox"/> Cart			<input type="checkbox"/> Opaque Projector		
<input type="checkbox"/> Cassette Player			<input type="checkbox"/> PA System		
<input type="checkbox"/> CD/Cassette Player			<input type="checkbox"/> Screen		
<input type="checkbox"/> Digital Camera			<input type="checkbox"/> Slide Projector		
<input type="checkbox"/> Extension Cord			<input type="checkbox"/> Tripod		
<input type="checkbox"/> Laptop /LCD			<input type="checkbox"/> TV/DVD		
<input type="checkbox"/> LCD Projector			<input type="checkbox"/> TV/VCR		
<input type="checkbox"/> Microphone			<input type="checkbox"/> Video Camera		
<input type="checkbox"/> Overhead Projector					
<input type="checkbox"/> Other					
Special Instructions:					

PLEASE RETURN ALL EQUIPMENT AS SOON AS YOU ARE FINISHED