Equipment Reservation Form

All fields must be completed in order to obtain equipment.

Today's Date _____ Program/Dept. _____

ID # _____ Course Level _____

First Name _____ LMW group name _____

Last Name _____ Pick up Date/Time _____

Day time phone _____ Return Date/ Time _____

Email _____ Studio/Location _____

Person Room is Booked To _____

Check one: Student ☐ Staff ☐ Instructor ☐ Alumni ☐

Qty	Item	Instrument	Substitute

ex'pression
COLLEGE FOR DIGITAL ARTS

Signature: _____

Special Approval (HVX, etc.): _____

Equipment Manager: _____

Reservations are always due 24 hours in advance.

Weekend reservations are due by Friday at noon.