Equipment Reservation Form

All fields must be completed in order to obtain equipment.

Today's Date ___________________________ Program/Dept. ___________________________
Student/Alumni ID # ___________________________ Current Class ___________________________
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 _________________________________________________________

School: Ex’pression ☐ SAE ☐

Check one: Student ☐ Staff ☐ Instructor ☐ Alumni ☐

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<th>Qty</th>
<th>Item</th>
<th>Instrument</th>
<th>Substitute</th>
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Signature: ________________________________________________________________

Special Approval (C300, Lenses, Instruments, etc.) ________________________________

Equipment Manager: __________________________________________________________

**Reservations are always due 24 hours in advance. Weekend reservations are due by Friday at noon.**