

EQUIPMENT SET-UP REQUEST FORM

Today's Date: _____

Person/Organization Responsible for
Signing Out Equipment: _____

Date of Meeting: _____

Meeting Start Time: _____ Meeting Finish Time: _____

Meeting Location: _____

Equipment Requested:

Television	_____	DVD/VCR Player	_____
Microphone	_____	Laptop Computer	_____
Remote Control	_____	Multimedia Projector	_____
Overhead Projector	_____	Other	_____

NOTES: _____
