

Leland CUSD #1

Multimedia Equipment Checkout Form

Faculty Member's Name:	Classroom Location:	Date Equipment Needed:
Equipment Needed: (please check below)		
<i>(Mrs. Hamer)</i>		
<i>(Mr. Robinson)</i>		
<input type="checkbox"/> LCD Overhead Projector	<input type="checkbox"/> Camcorder	
<input type="checkbox"/> TV with VHS	<input type="checkbox"/> Camcorder with Tripod	
<input type="checkbox"/> TV with VHS & DVD	<input type="checkbox"/> Computer Cart (with Laptops)	
<input type="checkbox"/> TV with DVD		
<input type="checkbox"/> Computer Lab		
Purpose Reason for Request for Equipment:		
**By signing below, you acknowledge that you have read and understand the Multimedia Lab Policies and Procedures.		
Equipment Return Time:		
ALL Equipment <u>MUST</u> be returned by 3:30 the day of use!		
Faculty Signature:	Date Submitted Request:	
Multimedia Tech Signature:	Date Time Equipment Checked Out:	
Date Time Equipment Returned:		
Condition of Equipment upon return:		