



RESERVATION REQUEST

Date of request	Print name of requester	Ext/Phone #
<input type="checkbox"/> a.m. to <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. to <input type="checkbox"/> p.m.	Date needed	Department/Division
Time needed		

Equipment	AVC Number	Equipment	AVC Number
<input type="checkbox"/> Smart Cart (PC)	_____	<input type="checkbox"/> Dry Erase Easel	_____
<input type="checkbox"/> Smart Cart (Mac)	_____	<input type="checkbox"/> Small	_____
<input type="checkbox"/> PC Laptop (available soon)	_____	<input type="checkbox"/> Large	_____
<input type="checkbox"/> Mac Laptop (available soon)	_____	<input type="checkbox"/> Document Camera	_____
<input type="checkbox"/> VCR	_____	<input type="checkbox"/> Portable LCD	_____
<input type="checkbox"/> Television	_____	<input type="checkbox"/> Portable Screen	_____
<input type="checkbox"/> Display Easel	_____	<input type="checkbox"/> Overhead Projector	_____
<input type="checkbox"/> How many?	_____	<input type="checkbox"/> Other _____	_____

Media Title	Accession Number
_____	_____
_____	_____
_____	_____

I hereby acknowledge that I will be held responsible for damage or unnecessary abuse of school equipment or media resulting from the use of said items. I agree to abide by and enforce the rules and regulations of the Antelope Valley Community College District governing the use of equipment and media.

Signature of Requester

For Office Use Only

Fax 661.722-6452

661.722-6451