## **Request for Use of Media Equipment**

## **DIRECTIONS AND APPROVAL**

Complete this form and submit to the Media Specialist, Mrs. Nickerson at least 24 hours prior to the date that the equipment is needed. The building Administrator's signature on The original copy will constitute a valid contract for the use of the equipment indicated below:

ORGANIZATION'S	NAME AND LO	OCATION:		
SPECIFIC EQUIPM	ENT NEEDED:			
DATE AND TIME I		_ TIME: From:	to	
EQUIPMENT WILL	. BE PICKED UI	P IN THE LIBRARY B	Y ON THIS	
DATE:		BETWEEN TH	E HOURS OF 9:00 & 3:00	
our organization is rechildren will not be oby an adult familiar w	esponsible for the operating the equivalent the operation	equipment being borro ipment, and that the equ	we read and understand that wed. I agree to ensure that ipment will be supervised all times. Our organization ng from the use of the	
SIGNED:		ADDRESS: _		
DATE:		TELEPHONE:		
* * * * * * * *	* * * * * * * * *	* * * * * * * * * * * * *	* * * * * * * * * * *	
	3	Media Specialist	Date	
	:	Building Administrator	Date	
Nickerson	Hansan	Roudrag	Aldrich	