

# EQUIPMENT RESERVATION FORM

SAN DIEGO STATE UNIVERSITY · SCHOOL OF THEATRE, TELEVISION, AND FILM  
DEPARTMENT PHONE 619-594-5091

**CHECK OUT #:** 619-594-5041

**EQUIPMENT PICK UP:** M-F, 1 :00-4:00 PM

**EQUIPMENT RETURN:** M-F, 9:00-12:00 AM

LAST NAME:		TODAY'S DATE:    /    /		
FIRST NAME:		PICK-UP DATE:    /    /		
EMAIL:		DUE DATE:        /    /		
PHONE #:	CLASS #:	EXTEND UNTIL:    /    /		

	DESCRIPTION	TTF#		DESCRIPTION	TTF#
1			8		
2			9		
3			10		
4			11		
5			12		
6			13		
7			14		

I agree to the following conditions:

1. I (or my group) am financially responsible for loss, theft or damage to above listed equipment. See also Equipment Assignment form.
2. I will report loss, theft or damage immediately to check out supervisor (619-594-5041).
- 3.1 understand and agree to accept the penalties for late returns stated in the Official Policy Handbook.
4. I have found all equipment listed above to be complete and in good working order.

OK  
OUT: \_\_\_\_\_

OK  
IN: \_\_\_\_\_

Student  
Signature: \_\_\_\_\_