



## Equipment Request and Circulation

Reservations for Student Organizations must be approved by the organizations Faculty Advisor 48 Hours in advance

k      Name \_\_\_\_\_  
Lamar ID \_\_\_\_\_ Requestors Phone Number (\_\_\_\_) \_\_\_\_\_  
Department/Organization \_\_\_\_\_  
Event Name \_\_\_\_\_  
Event Date \_\_\_\_\_ Scheduled By \_\_\_\_\_  
Event Location \_\_\_\_\_ Event Time \_\_\_\_\_  
Return Date \_\_\_\_\_ Received By \_\_\_\_\_

### Equipment Needed

Equipment	Tag
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