Department of Student Activities

Equipment Reservation Request

Today's Date ________________________________________

<table>
<thead>
<tr>
<th>Requesting Organization/Department Information (Print Clearly)</th>
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<tbody>
<tr>
<td>Organization Name</td>
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<tr>
<td>Email Address</td>
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Please take into account that although you are requesting the usage of an item, there is no direct guarantee that it will be available. All items are on a first come first serve basis and are contingent upon Student Activities Department usage and availability. These items will be approved for usage at the discretion of the Director of Student Activities or appointed representative. To better ensure your requested items and date, please submit this form at least 5 business days prior to your scheduled usage.

As the contact person, you are solely responsible for the items are you requesting. You are also responsible for the proper care and cleanup of any rented items. If damages occur, you assume full responsibility to any fines accessed up to and including the full replacement price of the requested equipment. Upon approval of your request, you will be notified of your reservation status via e-mail including instructions on equipment use if your reservation request is approved. Upon receipt of this e-mail, it becomes your responsibility to schedule a pickup and return time.

NOTE: To reiterate, there is a minimum $50 fee that will be charged for any damage, misuse, or cleaning expenses that result from the renter’s use. Any damage assessed to be in excess of $50, will be billed to the above contact’s organization or department. Payment is expected no later than 30 days after the date the equipment is used.

Please check the items you are requesting, along with the date, time and location you intend to use them.

- **Sno-Cone Machine**  
  *Supplies not provided. Additional cleanup required.*
  Date: _____________  Time: _____________  Location: _________________

- **Popcorn Machine**  
  *Supplies not provided. Additional cleanup required. Limited to use only in the vicinity of the Lowman Student Center.*
  Date: _____________  Time: _____________  Location: _________________

- **8 ft. Tables**  
  *Labor not provided. Additional cleanup required.*
  Date: _____________  Time: _____________  Location: _________________

- **Other**  
  Date: _____________  Time: _____________  Location: _________________

FOR OFFICE USE ONLY:

<table>
<thead>
<tr>
<th>ADDITIONAL INFORMATION:</th>
<th>Special Notes/Instructions:</th>
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</thead>
<tbody>
<tr>
<td>PICK UP DATE/TIME:</td>
<td></td>
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<tr>
<td>RETURN DATE/TIME:</td>
<td></td>
</tr>
<tr>
<td>STAFF INITIALS/DATE:</td>
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I understand that this reservation will not be processed without a valid signature. By signing below, I agree to the above terms and understand that while in my possession, I am responsible for the care and proper use of the requested equipment.

Contact Signature: __________________________  Date: _____________

For more information or to check date availability contact studentactivities@shsu.edu or 936-294-3467.

Sam Houston State University  
A Member of The Texas State University System