



# EQUIPMENT RESERVATION REQUEST

# SAXF-02

Requesting Organization/Department Information (Print Clearly)		Today's Date _____	
Organization Name	Individual Contact Name		
Email Address	Contact Phone Number		

Thank you for your request for equipment from the Department of Student Activities. This equipment is only available for use by registered SHSU student organizations in good standing with the department. Please submit this form **at least 5 business days prior** to your requested date to secure the equipment. There is no guarantee that the equipment you request will be available; you will receive a confirmation for the equipment if it is approved. All items are on a first-come, first-serve basis and are contingent upon the department's internal use and availability. All equipment usage is approved at the discretion of the Executive Director for Campus Activities and Leadership Initiatives or the appointed representative.

As the contact person, you are solely responsible for the items are you requesting. You are responsible for the proper care and cleanup of any items issued to you and your organization sponsor. If damages occur, you assume full responsibility including any fines assessed up to the full replacement cost of the equipment. Upon approval of your request, you will be notified of your reservation status via e-mail including instructions on proper equipment use. Once you receive this e-mail, it becomes your responsibility to schedule a pickup and return time.

**DAMAGE POLICY: There is a minimum \$75 fee that will be charged for any damage, misuse, or cleaning expenses that result from the requestor's use. Any damage assessed to be in excess of \$75, 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 issued. By submitting this form to the Department of Student Activities, you agree to these terms.**

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 PERSON SIGNATURE:	DATE:

Please check the items you are requesting, along with the date, time and location you intend to use them.			
<input type="checkbox"/>	8 ft. Tables (QTY= _____)	Date: _____	Time (Start/End): _____ Location: _____
<b>*Labor not provided. Additional cleanup is required.</b>			
<input type="checkbox"/>	Tent	Date: _____	Time (Start/End): _____ Location: _____
<input type="checkbox"/>	Stansions (QTY= _____)	Date: _____	Time (Start/End): _____ Location: _____

FOR OFFICE USE ONLY:			Special Notes/Instructions:
PICK UP DATE/TIME:	RETURN DATE/TIME:	STAFF INITIALS/DATE:	

