



CLUB AV EQUIPMENT BOOKING FORM & LOAN REGISTER

OFFICE USE ONLY

Kit No. Provided: _____

DISTRICT/REGION: _____

CLUB NAME: _____

MEMBER RESPONSIBLE FOR EQUIPMENT - Name: _____ Phone: _____

LOCATION OF EQUIPMENT DURING LOAN PERIOD:

LOAN PERIOD REQUIRED: **From** - Time: _____ Date: _____ **To** - Time: _____ Date: _____

PICK UP ARRANGEMENTS: Pick Up Deliver to _____
(club is responsible for associated freight & insurance costs)

PURPOSE OF LOAN: _____
(please indicate which awards/training program is being conducted)

NUMBER OF MEMBERS INVOLVED IN THE PROGRAM: _____

LAPTOP COMPUTER	CONDITION ON*		DATA PROJECTOR	CONDITION ON*	
	Pick Up	Return		Pick Up	Return
Computer			Projector		
Carry Case			Carry Case		
Mouse			Power Cable		
Power Cable			Connector Cable x 2		

***Table Legend:** **P** – poor **G** - good **VG** – very good with no visible damage or known problems

Comments:

Equipment Received in Good Order: _____

Date: _____

Equipment Returned in Good Order: _____

Date: _____