

Equipment Use Request

Name: _____ Phone: _____

Email: _____ Today's Date: _____

Date(s) Needed: _____ Date to pick up: _____

Items Needed and Quantity of Each: _____

Some Items for Use:

A/V Equipment

Projector / Screen

Kitchen Equipment

Thermal Coffee Pumping Carafes

Thermal 5 Gallon Drink Containers

Roasters

Electric Coffee Pots (50 Cup)

Serving Trays

Various Utensils, etc.

Office Use Only

- Added to Calendar
- Deposit / Fees Received
- Confirmed Building Entry Method