

STUDENT ORGANIZATION OSL Sound System Reservation Form

Student Organization: _____

Advisor: _____

Type of Event: _____

Location of Event: _____

Date of Event: _____

Time of Event: _____ to _____

Do you need sound equipment set up for rehearsal: Yes

No

Rehearsal Date(s): _____

Time(s): _____ to _____

*Name of Person Responsible for the Equipment: _____ SS# _____

Campus or Local Address: _____

Day time Phone: _____

Evening Phone: _____

Equipment Needed

ALL request include basic sound equipment of speakers, cables, amp., tape deck, and cd player

ADDITIONAL NEEDS:

Microphones (includes cables): Total # _____

Microphone Stands: Total #: _____

Speaker Stands: _____

FOR OFFICE/SSC USE ONLY

System Assigned:

#1 _____

#2 _____

Notes to SSC from OSL: _____

IMPORTANT INFORMATION - PLEASE READ

The person/organization is responsible at all times for the security of all equipment delivered to venue. Service Solutions will move all requested equipment to venue by the time indicated on this form and secure it if necessary. It is the person/organizations responsibility to setup and break down the equipment properly. **The responsible person listed on this form must be authorized and receive instruction by the OSL for set up and break down of the equipment, before approval will be given.** Immediately following the event, it is the person/organizations responsibility to have Public Safety secure ALL equipment at the venue. If any equipment is damaged or not returned, the organization will be charged a replacement fee listed on the reverse side and will not be allowed to use the University sound equipment until the fee is paid. By signing this document the responsible person and its organization assume all responsibility for the sound equipment from the time it is signed out until the equipment is secured following the event.

Authorized User's Signature: _____

Date: _____

Approved by Student Life Personnel: _____

Date: _____