

AUDIO VISUAL EQUIPMENT REQUEST FORM

Please fill this out completely

Teacher or Staff Name:

Room Number:

Contact Phone Number and email address:

Please read carefully.

To assist in the administration of the system, please comply with the following:

1. Give at least **ONE FULL WORKING DAY'S NOTICE** for all video and camera equipment
 2. Give at least **ONE FULL WORKING DAY'S NOTICE** for all other Audio Visual Aids Equipment or Service
 3. **NO OVERNIGHT BOOKING** of any equipment or service is permitted.
 4. All equipment signed out is the responsibility of the person signing it out and must be closely monitored.
 5. Place the completed form in the **AV Tray in A217** or email to Stephanie.kilburn@new-haven.k12.ct.us .
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Item **check what you need**

Projector with computer	
TV to Computer adapter	
Projector with digital document camera (ELMO)	
Audience Response System w/projector	
DVD Player	
VCR/DVD Combo	
Video Camera (not digital)	
Camera	

Period/s **Start Time** **Finish Time** **Date**

Other (services required) i.e. Do you need help setting it up? Do you need help with Office 2007?

Signature

Date