

Log # _____



ASCC Equipment Request

Office of Student Life and Leadership Development (SLLD) • 1000 W. Foothill Blvd., Glendora, CA 91741-1885 • (626) 852-6444

Club/Organization: _____ Event: _____

Contact: _____ Phone: (____) _____ Email: _____

Event Location: _____ Estimated Attendance: _____

Day(s) & Date(s) of Event: _____ *Time: From _____ To _____

***Host Required after Regular Business Hours, Weekends & Holidays – Contact Office of Student Life and Leadership Development (SLLD)**

Set Up Date & Time: _____ Date & Time Clean Up Complete: _____

Quantity

_____ Canopy

_____ Cash Box

Additional Form Required For Cash Bag

_____ Chairs

_____ Extension Cord(s)

_____ Power Outlet(s)

_____ Rolling Cooler

_____ Tables

☐ Podium

☐ Stage

Additional Equipment

AV & Sound System

☐ Portable Speaker

☐ In-House Projector & Screen

☐ In-House Sound System
_____ Microphone(s)

☐ *Portable Sound System
Outdoor Use Only

*Includes 2 speakers, 2 stands, cables
and microphone.*

Check-Out

Name

Rec'd. by _____

Rec'd. by _____

Rec'd. by _____

Rec'd. by _____

Rec'd. by _____

Rec'd. by _____

Rec'd. by _____

Rec'd. by _____

Rec'd. by _____

Rec'd. by _____

Rec'd. by _____

Office Use Return

Host

Rec'd. by _____

Rec'd. by _____

Rec'd. by _____

Rec'd. by _____

Rec'd. by _____

Rec'd. by _____

Rec'd. by _____

Rec'd. by _____

Rec'd. by _____

Rec'd. by _____

Rec'd. by _____

Comment

Comments: _____

***Requires trained and approved operator:** _____ has been trained and will assume responsibility.

Full Name

SLLD Clearance: _____ **Date:** _____

FINAL APPROVAL

ICC: _____ Date: _____

ASCC (if required): _____ Date: _____

SLLD Supervisor: _____ Date: _____