

# ***Bucknell University Recreation Services Equipment Request/Sign-Out Sheet***

Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

E-mail: \_\_\_\_\_

Campus Box #: \_\_\_\_\_

Bucknell ID#: \_\_\_\_\_

Organization/Department: \_\_\_\_\_

Date(s) When Equipment Is Needed: \_\_\_\_\_

**Requested Equipment:**

**Office Comments:**

<input type="radio"/> _____	_____
<input type="radio"/> _____	_____
<input type="radio"/> _____	_____
<input type="radio"/> _____	_____
<input type="radio"/> _____	_____
<input type="radio"/> _____	_____
<input type="radio"/> _____	_____
<input type="radio"/> _____	_____
<input type="radio"/> _____	_____
<input type="radio"/> _____	_____

**Reason for Equipment Use:**

\_\_\_\_\_  
\_\_\_\_\_

**Recreation Services Office Use Only**

Approval Signature: \_\_\_\_\_

Equipment Check-In Signature: \_\_\_\_\_