

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

Email : \_\_\_\_\_ Dept/Org: \_\_\_\_\_

Phone # : \_\_\_\_\_ Index #: \_\_\_\_\_

Date of Use : \_\_\_\_\_ Event Setup/Start/End Time : \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Use : \_\_\_\_\_

**GUIDELINES & RULES**

Equipment may be reserved and checked out from the WCSC Vice President External.

- A. Only members of WCSC, WCSC Commissions, and Warren College registered organizations or departments may reserve WCSC equipment.
- B. Complete and submit an "Equipment Checkout Form" at least one week prior to your event. Turn in form to the WCSC Vice President External.
- C. In the event that conflicting requests are made, the requests will be honored in the order they were submitted unless an agreement can be reached between the different requesting parties.
- D. Prior to checkout, complete a "Pre-Event Inspection Form", noting existing equipment damage.
- E. Clean equipment after use before returning to WCSC.
- F. Complete a "Post-Event Inspection Form", noting any new damage and reasons for its cause.
  - a. *Please note:* WCSC reserves the right to place sanctions on future use or charge the provided index number for damaged and/or lost equipment.

**FOR SOUND EQUIPMENT ONLY:**

- A. A minimum of one member of the WCSC Technical Equipment Committee (TEC) must be available and solely responsible for operating the equipment during your event. At least one principal member MUST also be trained by TEC and assist in the setup and breakdown of the equipment at the event.
  - a. TEC will complete the "Pre-Event Inspection Form" and "Post-Event Inspection Form" in conjunction with a member from your organization.
- B. If a TEC member is not available for your event, at least two principal members MUST be trained by TEC in the setup, usage, and breakdown of the equipment and sign that this took place.

Please check items you are requesting:

Sound Equipment	{	_____ Mixer	_____ Microphone (4): _____ QTY
		_____ 15" Speaker with Stand (2): _____ QTY	_____ Microphone Stand (4): _____ QTY
		_____ Speaker Cable (4): _____ QTY	_____ Microphone Cable (4): _____ QTY
		_____ Monitor (2): _____ QTY	
		_____ Firepits (3): _____ QTY	

I acknowledge that I have read the above guidelines and accept the responsibilities of using WCSC Equipment.

Printed Name: \_\_\_\_\_ PID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
TEC Chair

**FOR SOUND EQUIPMENT ONLY**

Attending TEC Member for Event: \_\_\_\_\_ Date: \_\_\_\_\_

Assisting Principal Member: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Responsible Principal Member #1: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Principal Member #2: \_\_\_\_\_ Date: \_\_\_\_\_