

AUDIO VISUAL (AV) FACILITIES AND EQUIPMENT APPLICATION FORM

APPLICANT INFORMATION	NAME		DATE		TIME	
	STUDENT ID		TEL. NO.			
	COURSE					
OTHER USER'S DETAILS	NAME		STUDENT ID.			
	1					
	2					
	3					
	4					
			RESERVATION ON	DATE		
				TIME	IN	
				OUT		

AUDIO VISUAL (AV) EQUIPMENT					
NO.	EQUIPMENT	QUANTITY	APPLICANT SIGNATURE		
			TAKEN	RETURN	
1	WIRELESS HEADPHONE				
2	TV REMOTE CONTROL				
3	ASTRO / DVD CONTROLLER				

(I UNDERSTAND AND WILL FOLLOW THE RULES AND REGULATIONS FOR THE USAGE OF FACILITIES AND EQUIPMENT IN THE AUDIO VISUAL CORNER)

SIGNATURE OF APPLICANT,

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REMARK		AV CORNER NO.	
SIGNATURE		DATE	