

Date submitted: _____

ADVANCE BOOKING REQUEST FORM

MUST BE SUBMITTED TWO WEEKS PRIOR TO DATE OF REQUEST

NAME: _____

STUDENT NUMBER: _____ EMAIL: _____

PROGRAM/SEMESTER: _____

START DATE: _____ RETURN DATE: _____

Project Description; Include shooting location(s):

Reason for Request (why you need an exception from our booking policy):

Equipment List (Can be a separate sheet if longer than space provided):

Crew (Include Student Numbers):

Faculty Approval must be submitted with Request form:

I _____ have read and approve this special request.
(Faculty member's name)

Faculty Member Signature: _____ Date: _____

Student Signature: _____ Date: _____

Disclaimer: All request are first come first serve. This form does not guarantee your request will be approved. You will receive an email confirmation when the request is approved by SAC Equipment Room Staff.