



Huron University College Students' Council



**Huron Music Room
Equipment Request Form**

Name: _____

Date: _____ **Email:** _____

**Phone
Number:** _____ **Date Submitted :** _____

Organization / Event: _____

Date Requested: _____ **Time Requested:** _____

List of Items Requested (please provide as much detail as possible): _____

In being granted permission to use the requested pieces of equipment for the above noted dates and times, I assume personal responsibility for all equipment being borrowed, and agree to be held financially liable in the case of loss, theft, or damage items. Requests are subject to the discretion of the Vice President of Finance & Administration of the Huron University College Students' Council.

Signature of Requestee: _____

Signature of HUCSC VP Finance & Administration: _____

