

Church Equipment Request Form

PLEASE PRINT

Equipment request needs to be submitted at least one week prior to usage date.

Date

Group requesting equipmer	t (Name of Ministry/F	ellowship/Small Group)		
Date(s) of equipment usage		Expected return date		
Event/Program/Reason for (equipment check-out _			
Equipment needed				
Item	Qty	Item	Qty	
Item	Qty	Item	Qty	
Item	Qty	Item	Qty	
Item	Qty	Item	Qty	
Item	Qty	Item	Qty	
Item	Qty	Item	Qty	
Equipment will be used at:				
Name of requestor	check/cash (Deposit may be required if the item will be used off-site) Cell phone Home phone			
		t Check-out Agreement		
As the person checking out to ECC at the scheduled ret	the above items, I wil	l be fully responsible for t	he items and will return them nent has any problems.)	
Name (Print)				
Signature		Date		
FOR OFFICE USE ONLY				
Processed by:				
Print Name		Church Position		
Check-out Date		Returned Date		