

South Miami Senior High Audio-Visual Equipment Request Form

Teacher: _____ Date: _____

Room Number: _____

Dates Needed: _____ Circle Time Needed Period 1 Period 5

Period 2 Period 6

Period 3 All Day

Please Check Off Equipment Needed:

Period 4 Afterschool

TV/DVD Player	<input type="checkbox"/>
TV/VHS Player	<input type="checkbox"/>
LCD Projector/Computer	<input type="checkbox"/>
Overhead Projector	<input type="checkbox"/>
Opaque Projector	<input type="checkbox"/>
Slide Projector	<input type="checkbox"/>
Cassette Player	<input type="checkbox"/>
Wireless Microphones	<input type="checkbox"/>
Projection Screen	<input type="checkbox"/>
Podium with Microphone	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Teacher signature _____