



John A. Degen Media Room Reservation Request

Name: _____

Email: _____

Reservation request date : _____

Time: _____ to _____

Number of users _____

Equipment needed:

DVD player _____

VCR _____

CD player _____

Tape player _____

Radio _____

Laserdisk player _____

Title of material being shown: _____

Run time: _____

Material will be borrowed from collection _____

Material will be supplied _____

Date: _____