

SWAS MEDIA BOOKING FORM

Name:

Sport:

Contact Number:

Media Device (please circle): Still Camera, Video Camera, Logitech Speakers

Date Required (From – To):

I _____ (insert name here) take full responsibility for the use of this media device. I am aware that i am liable for any damages caused while this device is in my possession. I am aware that this is a product of South West Academy of Sport and will have it returned by the due date, if this is not possible then i will contact SWAS to arrange a new due date.

Signed: _____ Date: _____

SWAS staff approval: _____ Date: _____

Please return to SWAS office at least 5 working days prior to use.

