

**PASCO-HERNANDO STATE COLLEGE**  
**ACTIVITY SET-UP/AV/SOUND AND MAINTENANCE REQUEST – SPRING HILL CAMPUS**  
 This form must be completed thoroughly to ensure proper set-up and services are provided for the event.  
It must be attached to the original BBG-13-SH (Activity Form – Spring Hill Campus), and is subject to the same  
10-working day advance notice.

Activity (or Maintenance requested): \_\_\_\_\_ Location: \_\_\_\_\_

From (Name – please print): \_\_\_\_\_ Contact Number: \_\_\_\_\_

Dept/Div.: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_

Set-up: Date Required: \_\_\_\_\_ Set-up to be complete by: \_\_\_\_\_ (am/pm)

Signature: Requesting Person \_\_\_\_\_ Date \_\_\_\_\_ Associate Provost, Spring Hill Campus (or designee) \_\_\_\_\_ Date \_\_\_\_\_

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**SET-UP REQUIREMENTS:** (If additional space is required, please use back of this form)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

<b>SET-UP DIAGRAMS</b>

**EQUIPMENT REQUESTS:**

<b>SOUND EQUIPMENT:</b>	<b>(Questions – Contact the Library – 352-340-4881 or Network Dept. – 352-340-4835)</b>
Microphone(s): _____	Number of Microphones _____
<b>AV EQUIPMENT:</b>	<b>(Questions – Contact the Library – 352-340-4881)</b>
<input type="checkbox"/> Lap-Top <input type="checkbox"/> Video Camera <input type="checkbox"/> Extension Cord <input type="checkbox"/> Cables <input type="checkbox"/> Other _____	
<b>AV Equipment must be checked out from and returned to the library.</b>	

Copy to originator \_\_\_\_\_ Date \_\_\_\_\_