



CAMP KINSER EQUIPMENT REQUEST FORM

DATE OF REQUEST: _____

REQUESTING UNIT: _____ PHONE #: _____

REQUESTED ISSUE DATE/TIME: _____ REQUESTED RETURN DATE/TIME: _____

PURPOSE OF REQUEST: _____ LOCATION OF EQUIPMENT USE: _____

ITEM NAME	ISSUING ITEM QTY	RETURNED QTY
PA SYSTEM SET (MUST HAVE USER AGREEMENT)		
- WIRELESS MICROPHONE RECEIVER		
- CD PLAYER MP 102		
- MIXER 12R		
- AMPLIFIER M-8X		
- WIRELESS MICROPHONE CORD		
- MUSIC PLAYER CORD		
- CD CORD		
WIRELESS MICROPHONE		
WIRED MICROPHONE		
MICROPHONE STAND		
DESK MICROPHONE STAND		
SPEAKER		
SPEAKER STAND		
50 FT SPEAKER CORD		
100 FT EXTENSION CORD		
CONES		
PLASTIC ROAD BARRIERS		
ROAD WIRE COVERS		
50 STATE FLAGS (MUST HAVE USER AGREEMENT)		
STATE FLAG STANDS		
TABLE		
CHAIRS		
POWER TOOLS		
STENCILS		
OTHER:		

USER AGREEMENT

If approved, the Camp Commander grants you the authority to utilize the 50 State Flags or PA System in accordance to the guidelines below:

- _____ 1. Event Sponsor MUST return items NLT your requested return date/time.
- _____ 2. The Use of Flags shall be used for the event called: _____. Event Sponsor shall not knowingly use the flags, permit it/them to be used by any employee, agent, patron, or invitee: (1) for any illegal purpose; (2) In conflict with the UCMJ, any applicable law, rule or regulation of any governmental authority; (3) in any manner in which causes/could cause damage to the flags.
- _____ 3. The use of the PA System is a courtesy extended from the Camp Commander to your unit Commander. The Event Sponsor shall not use the PA System, permit it to be used by any employee, agent, patron, or invitee: (1) for any illegal purpose; (2) In conflict with the UCMJ; (3) in any manner in which causes/could cause damage to the PA System. **PROFANITY IS STRICTLY PROHIBITED WHILE USING THE PA SYSTEM.**
- _____ 4. Equipment must be returned to the Camp Operations Warehouse in the same condition they/it were given or in the condition that they were reported to be in. In the event that any piece of equipment is damaged while in use, damage must be reported to upon return. If you have any further questions, call DSN 637-1886.

Once completed, submit final request to CampOperationsKinser@usmc.mil.

Submitted by: _____

 (Rank) (Name: Last, First, MI) (Sign) (Date)

CAMP OPERATIONS USE ONLY

Date Received: _____ Approved _____ Disapproved _____ Reason for disapproval (if any): _____

 (Print) (Sign) (Date)