



AUDIO-VISUAL LOAN PROGRAM REQUEST FORM

US Air Force Museum/MUT

1100 Spaatz St

Wright-Patterson AFB OH 45433-7102

Or fax: 937-656-6360

Use only one form for each request.

This form may be reproduced. Please print or type. Be sure to read instructions on page 8.

Requestor's name:		Assigned Date: <i>[Office Use Only]</i>	
E-mail address:			
School or organization where program will be shown:			
Expected number of viewers:		Daytime phone number: ()	
Mailing address:			
City:		State:	Zip:
<i>Remember: only 1 request per person per 3 week period.</i>			
Requested program number:		Requested program title:	
1st choice:		1st choice:	
2nd choice:		2nd choice:	
Preferred date:			
Alternate dates (list several – allow 3 weeks between preferred and each alternate date):			
1.			
2.			
3.			
<i>[Office Use Only]</i>			
Selection sent: _____			
		Date	Initials
Request acknowledged _____			
Selection sent _____			
Selection returned _____			