

Texas-Oklahoma District Kiwanis – Audio/Visual Reservation Form

Reserved By:

Date _____

City _____ State _____ Zip _____

Phone _____ Email _____

To: T-O Kiwanis District Office
624 Six Flags Drive, Suite 265
Arlington, Texas 76011
Phone 817-640-7711
Fax 817-649-1905
Email: txokdist@swbell.net

Request the following items be reserved
for the period _____ to _____.

ITEMS CHECKING OUT:

I am responsible for this item while it is checked out:

Signature / Date

PLEASE BE SURE TO RETURN THE ITEM ON THE DATE LISTED ABOVE. THANKS!