

Kiosk Requisition Form

Department Name: _____

Date: _____ Time/Service(s): _____

Which kiosk do you prefer? Kiosk 1 or Kiosk 2 (please circle one)
(Kiosk 1 is near the Fireplace, and Kiosk 2 is near the nursery.)

Contact Information

Please include contact information so that we may clarify information, if necessary.

Name:

Email

Address: _____

Phone

Number: _____

**Kiosks may be requisitioned for two weeks at a time.