



**Special Event
Mobile Pay Reservation Request**

Name _____

Contact Info _____

Event _____

Deposit Account _____

of Devices _____

| | Start | End |
|-------------|--------------|------------|
| Date | _____ | _____ |

| | | |
|-------------|-------|-------|
| Time | _____ | _____ |
|-------------|-------|-------|

Notes:

Signature _____ **Date**

As a contact person, I agree to return all devices and related equipment in the same condition as received within a reasonable amount of time following the event. Failure to do so may result in penalties to the above stated deposit account.
