

STUDIO Equipment Request

Contact Information

LAST NAME:

FIRST NAME:

TELEPHONE:

EMAIL ADDRESS:

AVF CLASS: PROFESSOR:

CHECK-OUT

Date out: Time out: :
 AM PM

Day of week S M T W R F S

CHECK-IN

Date in: Time in: :
 AM PM

Day of week S M T W R F S

IN-HOUSE USE

Studio A Studio B Studio C

Room NO.....

Studio Control Engineering

OFFICE USE ONLY

EXTENSION Approved by:

Date in: Time in:
 AM PM

(S)(M)(T)(W)(R)(F)(S)

Approved
Prepared

Check Out
Check In

Studio Equipment

OUT IN

RTS Headsets #s
 Qty. requested

RTS Box #s
 Qty. requested

IFB Box #s
 Qty. requested

Wireless RTS Box #s
 Qty. requested

Wireless RTS Batt. #s
 Qty. requested

Microphones

OUT IN

Wireless Lav Mic #s
 Qty. requested

Studio Lav Mic #s
 Qty. requested

Handheld Mic #s
 Qty. requested

VF Shotgun Mic #s
 Qty. requested

Boom Pole (Letters)
 Qty. requested

Cables

OUT IN

50' BNC ____ (qty.)

75' BNC ____ (qty.)

50' XLR ____ (qty.)

75' XLR ____ (qty.)

Extension Cords ____ (qty.)

Other

OUT IN

Stopwatch #s
 Qty. requested

Tool Kits: 1 2 3

Hammer.....

Parkervision Remote

Parkervision Tracker/Backpack

Additional Equipment

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-
-
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I, the above named individual, hereby affirm with my signature that I have received all the equipment marked *out*, and I understand that I shall be bound by all the rules and regulations of the Equipment Room, School of Communication and Hofstra University.

X _____