



Bolex/DB/SLR

Assigned kit No

Bolex/Digital Bolex /SLR Request

CONTACT INFORMATION

LAST NAME:

FIRST NAME:

TELEPHONE:

EMAIL ADDRESS:

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

EQUIPMENT REQUESTED

Digital Bolex (RTVF 47)

Tripod

Film Bolex

Slate

35mm SLR (RTVF 107)

Light Meter Only
(Note: camera kits include a light meter)

OFFICE USE ONLY

EXTENSION Approved by:

Date in: Time in:

Approved	Check Out
Prepared	Check In

(S M T W R F S)

AM PM

Digital Bolex Camera Kit No.....

OUT IN

- Digital Bolex Camera Body
- Lens Mount Cap
- Digital Bolex Camera Charger (2 pieces)
- Sekonic L308S Light Meter
- Switronix/CoreSWX Battery
- XLR Adapter or 4-pin XLR/D-Tap cable
- Switronix Battery Charger
- Cineroid EVF Monitor w/Loupe
- Cineroid Monitor Mount Arm
- D-Tap/Mini-XLR Cineroid Power Cable
- HDMI Cable
- USB 3.0 Cable
- Battery Base Plate on Camera
- Base Plate on Switronix/CoreSWX Battery

Lenses Kit No.....

OUT IN

- 10mm Lens (SN_____)
- Front and Rear cap
- 16mm Lens (SN_____)
- Front and Rear cap
- 25mm Lens (SN_____)
- Front and Rear Cap
- 75mm Lens (SN_____)
- Front and Rear Cap

Tripod

OUT IN

- Tripod No.....
- Base Plate (for Film Bolex)

SLATE

OUT IN

- Slate No.....
- Dry Erase Marker

Film Bolex Camera Kit No.....

OUT IN

- Film Bolex Camera Body
- Turret Caps (3)
- Take-up Reel
- Filter Clip
- Pistol Grip
- Pistol Grip Adapter
- Sekonic L-308S Light Meter
- Rosewood Stick (1)

35mm SLR Kit No.....

OUT IN

- Camera body
- Lens
- Lens Cap

Sekonic Light Meter No.....

OUT IN

- Sekonic Light Meter
- Strap
- Case

Additional Equipment

OUT IN

- Additional Lens _____ mm
(SN_____)
- Front and Rear cap
- Additional Lens _____ mm
(SN_____)
- Front and Rear cap

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

X _____

Download/Save this form to your computer, complete and Email your completed request form to: ER@hofstra.edu