

STUDIO

STUDIO Equipment 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

IN-HOUSE USE

☐ Studio A ☐ Studio B ☐ Studio C

☐ Room No.....

☐ Studio Control ☐ Engineering

OFFICE USE ONLY

☐ EXTENSION Approved by:

Date in: Time in:

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

☐ AM ☐ PM

Approved
Prepared

Check Out
Check In

☐ Studio Equipment

OUT IN

☐ ☐ RTS Headsets #s
☐ Qty. requested:

☐ ☐ Wireless RTS Beltpacks #s
☐ Qty. requested:

☐ ☐ Wireless IFB Box (with earpiece) #s
☐ ☐ Include 2 Rechargeable AA Batteries
☐ Qty. requested:

☐ ☐ Old Wired RTS Box #s
☐ Qty. requested:

☐ ☐ Camera RTS Headsets #s
☐ Qty. requested:

☐ Microphones

OUT IN

☐ ☐ Studio Lav Mic #s
☐ Qty. requested:

☐ ☐ Handheld Mic #s
☐ Qty. requested:

☐ ☐ Wireless Lav Mic #s
☐ Qty. requested:

☐ ☐ Wireless Handheld Mic #
☐ Qty. requested:

☐ ☐ Shotgun Mic #s
☐ Qty. requested:

☐ ☐ Boom Pole #s
☐ Qty. requested:

☐ Cables

OUT IN

☐ ☐ 25'-30' BNC ____ (qty.)

☐ ☐ 50' BNC ____ (qty.)

☐ ☐ 25' XLR ____ (qty.)

☐ ☐ 50' XLR ____ (qty.)

☐ ☐ 25' Extension Cords ____ (qty.)

☐ ☐ 50' Extension Cords ____ (qty.)

☐ ☐ Surge Protectors ____ (qty.)

☐ Other

OUT IN

☐ ☐ Stopwatch #s
☐ Qty. requested:

☐ ☐ Wrenches
☐ Qty. requested:

☐ ☐ Hammer
Qty. requested:

☐ Additional Equipment

OUT IN

☐ ☐

☐ ☐

☐ ☐

☐ ☐

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