

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: AM PM

Approved Prepared	Check Out Check In
----------------------	-----------------------

S M T W R F S

Studio Equipment

OUT IN
 RTS Headsets #s
 Qty. requested:

RTS Box #s
 Qty. requested:

IFB Box #s
IFB Earpiece #s
 Qty. requested:

Wireless RTS Box #s
 Qty. requested:

Wireless RTS Batt. #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 (Letters)
 Qty. requested:

Cables

OUT IN
 25'-30' BNC ____ (qty.)

50' BNC ____ (qty.)

25' XLR ____ (qty.)

50' XLR ____ (qty.)

Extension Cords ____ (qty.)

Surge Protectors ____ (qty.)

Headset 4-pin XLR Extenders ____ (qty.)

Other

OUT IN
 Stopwatch #s
 Qty. requested:

Wrenches: 1 2 3

Hammer.....

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 _____