

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:

Approved	Check Out
Prepared	Check In

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

Studio Equipment

- OUT IN
- RTS Headsets #s
 Qty. requested:
- Wireless RTS Beltpacks #s
 Qty. requested:
- IFB Box #s
IFB Earpiece #s
Ethercon Cables
 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 (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
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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 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 _____