

EQUIPMENT CHECK-OUT FORM

Name: _____ Phone: _____

Organization: (if applicable) _____

Address: _____ City: _____ State: ___ Zip: _____

Name of Program: (if applicable) _____

Check-out: Date ___/___/___ Time ___ : ___ am / pm

Return: Date ___/___/___ Time ___ : ___ am / pm

Mark and indicate quantity of equipment to be checked out:

CAMERA(S) include case, two batteries, power adapter, charger, manual, remote, SD-Card Reader, & lens cleaner

___ #3 Sony EX-1R

___ #4 Sony HXR-NX30U

___ #5 Sony HXR-NX30U

Accessories: Headphones ___ Wireless Mic Kit ___ Handheld Mic(s) ___ Mic Stand(s) ___ Tripod(s) ___

Audio Cable(s) ___ SDHC Card ___ Other _____

RADIO MOBILE PRODUCTION KIT include case, mixer, & USB cable

___ #1 (single mic w/stand)

___ #2 (two mics w/stands)

___ #3 (three mics w/stands)

Accessories: Mic(s) ___ Mic Stand(s) ___ XLR Cable(s) ___ Zoom Audio Recorder ___ Other _____

For the equipment indicated above, I agree to adhere to DMA's Equipment Operating Policies, return all equipment by specified day/time, replace or repair any lost or damaged equipment, and am responsible for retrieving and managing my media files.

Signature: _____ **Date:** _____

RETURN OF EQUIPMENT:

Return: Date ___/___/___ Time ___ : ___ am / pm

DMA Staff OK'd by: _____