



EQUIPMENT REQUEST

- _____ Panasonic MiniDV Camcorder
- _____ Sony MiniDV Camcorder
- _____ JVC/Panasonic Camcorder
- _____ Tripod
- _____ Mic Mixer
- _____ Audio cable(s)
- _____ Lav/Handheld Mic
- _____ Mic stand
- _____ Headsets
- _____ Portable Monitor
- _____ BNC cable(s)
- _____ Power Strip
- _____ Extension Cord
- _____ Light Kit
- _____ Other _____

_____ Bristol .
_____ Johnston
_____ Kent County
_____ Newport County
_____ Northern RI
_____ Pawt/East Prov
_____ Prov/North Prov
_____ Westerly

Requested by: _____

Address: _____

Phone (H) _____ (W) _____

Group/Organization: _____

Program Title(s): _____

Event/subject to be taped: _____ Date: _____

Pick-up Date: _____ Time: _____

To be returned by:

Date: _____ Time: _____

(over)

I understand that I am personally and financially responsible for the equipment listed on this form, and that it will be used solely by me for the above program to be cablecast on Rhode Island PBS Foundation's Public Access Channel and that it will be returned in the same condition as issued. I understand that failure to return the equipment by the date and time specified above may result in actions by Rhode Island PBS Foundation ranging from written warnings, to suspension and possible revocation of my Public Access privileges. In addition, I may be responsible for the cost of repair or replacement should the equipment be lost or damaged while it is in my care.

Signature

Date

Checked out by (RI PBS Foundation employee print name): _____

Checked out by (R.I. PBS Foundation employee signature): _____

Date: _____ Time: _____

Checked in: R.I.PBS Foundation employee print name): _____

Checked in: (R.I. PBS Foundation employee signature) _____

Date: _____ Time: _____