



EQUIPMENT REQUEST

- _____ Panasonic Mini DV Camcorder
- _____ Sony Mini DV Camcorder
- _____ SVHS JVC/Panasonic Camcorder
- _____ Tripod
- _____ Microphone Mixer
- _____ Audio cable(s)
- _____ Lavalier/Handheld Microphone
- _____ Microphone stand
- _____ Headsets
- _____ Portable Monitor
- _____ BNC cable(s)
- _____ Power Strip
- _____ Extension Cord
- _____ Light Kit
- _____ Other _____

- | |
|----------------|
| ___ Bristol |
| ___ Johnston |
| ___ Lincoln |
| ___ Pawtucket |
| ___ Portsmouth |
| ___ Providence |
| ___ Warwick |
| ___ 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: _____

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: _____