



STUDIO/EDITING SUITE REQUEST

_____ **STUDIO**

_____ **EDITING**

<input type="checkbox"/> Bristol	<input type="checkbox"/> Pawt/East Prov
<input type="checkbox"/> Johnston	<input type="checkbox"/> Prov/No. Prov
<input type="checkbox"/> Kent Cty	<input type="checkbox"/> Westerly
<input type="checkbox"/> Newport Cty	
<input type="checkbox"/> Northern RI	

Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Phone (day): _____ Phone (evening): _____

Program taped/edited: _____

Studio/Editing Sign-in (Fill out and sign upon arrival.)

Sign-in date and time: _____ Scheduled departure: _____

Driver's License #: _____ License taken (Y/N): _____

Signed in by (PBS Employee print name): _____

Signed in by (PBS Employee sign): _____

Access user signature: _____

Studio/Editing Sign-out (Fill out and sign upon departure.)

Sign-out date and time: _____

Signed out by (PBS Employee print name): _____

Signed out by (PBS Employee sign): _____

Access user signature (License returned if taken): _____

Problems/comments: _____