

**ST JOHN'S UNIVERSITY TV CENTER
STUDIO REQUEST**

**Senior Project
Studio Reservation
Form**



**ST. JOHN'S
UNIVERSITY**

COLLEGE OF
PROFESSIONAL STUDIES

STUDENT NAME	Today's Date	Date Requested	Time

REMINDER: THIS SHEET MUST BE RECEIVED BY AN ADMINISTRATOR IN MARRILLAC RM. 411 AT LEAST 1 WEEK BEFORE YOUR REQUESTED CHECK OUT DATE.

EMAIL RESERVATIONS WILL NOT BE PERMITTED.

****TV Center will not be responsible for lost emails, Emails will be confirmed.**

*Dates and times will be based on studio availability. Students must speak with a TV Center Administrator about availability before choosing their shooting date.

Address _____

CONTACT # _____ CLASS: Senior Project _____ E-MAIL _____

Guidelines for shooting in the studio for senior project:

- 1) You will provide your own qualified crew to work the studio/control room positions. TV Center will only supply technical support.
- 2) You will be subject to a strict time frame.
- 3) You will return the studio to its normal setup when your shoot is completed.
- 4) You will be held financially responsibly for any damage caused to the equipment during your use of the studio.
- 5) Your Senior Project Advisor must sign this form, approving you to use the studio.

My project will entail the following:

I will need the following equipment:

AUDIO	CABLE	OTHER
HH	XLR (Audio)	
Wired Lav		
Wireless Lav		
Shotgun		
Fishpole		

Faculty Authorization (Please Print Name) _____

Faculty Signature _____

Student (Please Print Name) _____

Student Signature _____

Students: Please note that your signature on this form indicates your acceptance to adhere to the guidelines stated above. Please report any problems immediately.

*PLEASE NOTE THAT ALL RESERVATIONS ARE SUBJECT TO CHANGE BASED ON UNIVERSITY PRIORITIES.