

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

BLACKMAGIC URSA MINI PRO



**REMINDER: THIS SHEET MUST BE TURNED IN TO AN ADMINISTRATOR IN MARILLAC RM. 411
AT LEAST 1 DAY BEFORE YOUR REQUESTED CHECK OUT DATE.**

| | | | |
|--------------|--------------|--------------|-----------------|
| STUDENT NAME | Today's Date | Date Needed | Check-Out Time* |
| | | Return Date* | Check-In Time* |

CLASS: _____ *TO BE FILLED OUT BY TV CENTER STAFF

CERTIFICATION CLASS/PROFESSOR (*MANDATORY) _____ SEMESTER TAKEN (*MANDATORY) _____

CONTACT # _____ E-MAIL _____

Circle equipment that is needed

| CAMERA | TRIPOD | BATTERIES |
|--------------------------|--------------------------------|---|
| Blackmagic URSA Mini Pro | Sachtler | Anton Bauer |
| -Matte Box Kit | | |
| -Follow Focus Kit | | |
| MICROPHONES | AUDIO | RECORDING STOCK |
| Handheld | XLR Cable | SD Card |
| Wired Lav | Headphones | |
| Shotgun | Tascam Voice Recorder | |
| -Fishpole | | |
| -Windscreen | | |
| Wireless Lav | | |
| LENSES | LIGHTS | MISC |
| XD LENSES: | Dracast KALA Kit | Lens Cleaner |
| 15mm | Ikan Kit | Gaff Tape |
| 35mm | Flag Kit | Portable Green Screen (Senior Project Only) |
| 85mm | | Reflector |
| 135mm | | Sandbags |
| LENSES | Gels/Diffusion | Director's Viewfinder |
| 18mm | Specify color(s) below | Simple Matte Box |
| 28mm | | |
| 50mm | Sekonic Light Master Pro Meter | |
| 100mm | | |

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 for the care and return of this equipment in good order as you received it. Please report any problems immediately.

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