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

# FILM

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

CONTACT #

Address

*TO BE FILLED OUT BY TV CENTER STAFF

Class/Club E-MAIL

## FILM/FIELD EQUIPMENT REQUEST

**Circle equipment that is needed**

| CAMERA | | TRIPOD | | POWER | |
|---|---|---|---|---|---|
| Arri-S | | Sachtler DV8 | | Belt Pack | |
| | | | | D/C Connector | |
| | | | | | |
| | | | | | |
| | | | | | |
| FILM STOCK | | LENSES | | LIGHTING | |
| | | 10MM | | Reflector | |
| | | 25MM | | | |
| | | 50MM | | Light Meter | |
| | | | | | |
| | | | | | |
| MISC | | | | | |
| Lens Cleaner | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Faculty Authorization (Please Print Name)**

**Faculty Signature**

**Student (Please Print Name)**

**StudentSignature**

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.

For Office use only

DATE EQUIPMENT OUT DATE EQUIPMENT IN

CHECKED OUT BY

CHECKED IN BY

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

GJB 11/10/04