

ST JOHN'S UNIVERSITY TV CENTER
EQUIPMENT REQUEST

VIDEO



**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

CONTACT # _____

E-MAIL _____

Circle equipment that is needed

CAMERA	TRIPOD	BATTERIES
Panasonic AC90 (HD)	Velbon/Bescor	Panasonic/Watson
Nikon D7100 (HD)	Velbon/Bescor	Nikon/Watson
Panasonic AG-DVX200 (4K)	Manfrotto	Panasonic
	Manfrotto (no camera, tripod only)	
MICROPHONES	AUDIO	RECORDING STOCK
Calrad Audio Kit (Intro to Prod-Nikon D7100)	XLR Cable	SD Card
VidPro Audio Kit (Intro to Prod - Panasonic AC90)	XLR to 1/8" Cable	
Handheld	Headphones	
Wired Lav	Tascam Voice Recorder	
Shotgun		
-Fishpole		
-Windscreen		
Wireless Lav		
LIGHTS	LIGHT KIT MISC	MISC
Dracast S Series Kit (Intro to Production)	Gels/Diffusion	Lens Cleaner
Dracast KALA Kit	Specify color(s) below	Gaff Tape
Ikan Kit		Portable Green Screen (Senior Project Only)
Mole Richardson Light Kit		On Camera Light
Flag Kit		Reflector
	Sekonic Light Master Pro Meter	Sandbags (Mole Richardson Light Kit Only)

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.