Equipment Check-Out Form

Name: ________________________________________________ Phone: ____________________

Name of Program: ______________________________________________________________________

Check-out: Date __/__/__ Time ___ : ___ am / pm
Return: Date __/__/__ Time ___ : ___ am / pm

Mark and indicate quantity of equipment to be checked out:

Camera(s):

___ Sony #4 (includes: case, 2 batteries, power adapter, charger, manual, remote, SD-Card Reader)
___ Sony #5 (includes: case, 2 batteries, power adapter, charger, manual, remote, SD-Card Reader)
___ Canon T4i (includes: case, 2 batteries, battery charger, manual, computer cable, lens cloth,
   18-135 mm STM lens w/UV filter, 44 mm STM s/UV filter, 16GB SDHA card)

Accessories:

__ Tripod   __ SDHC Card   __ Headphones   __ Lavaliere Mic   __ Wireless Mic Kit   __ Boom Mic
__ Audio Cable Cords   __ Handheld Mic   __ Mic Stand   __ Mini Mic Stand   __ Zoom Audio Recorder
__ S Video Cable   __ Component Cable   __ Extension Cord   __ 3-Light Kit   __ Camera Light   __ Reflector

___ Radio Mobile Production Kit: (includes: Berringer Mixer, case, 2 mics w/2 stands and 2 sleeves,
   2 xlr cables, stereo RCA cable, Berringer USB interface)

I agree to adhere to DMA’s Equipment Operating Policies for the equipment indicated above.
I agree to replace or repair any lost or damaged equipment.

Signature: ___________________________ Print Name: __________________________ Date: ___________

Address: _____________________________ City: __________________ State: _____ Phone: _________

Return of equipment:

Return: Date __/__/__ Time ___ : ___ am / pm

DMA Staff OK’d by: ________________________________________________________________