

Equipment Check-Out/In

Name: _____ Date: ____ / ____ / ____ Staff Initial: _____

Phone: _____ Location of shoot: _____

Address: _____

City, State, Zip: _____

Program Title: _____

Check-Out: ____ / ____ / ____ , ____ am/pm **Check-In:** ____ / ____ / ____ , ____ am/pm

Video:

Camcorder(s) w/AC adaptor & battery clip #: _____ Batteries: _____

Tripod(s): _____ Monitor(s) #: _____ Monitor Batteries: _____

Audio:

Microphones: Omni: _____ Lavalier: _____ Shotgun #: _____ Headphones: _____

Audio Mixer #: _____ Microphone Stand(s): _____ Desk: _____ Floor: _____

Cables:

XLR to Mini: _____ XLR to XLR: _____ XLR to 1/4": _____ RCA to RCA: _____

RF Cable: _____ BNC to BNC: _____ BNC to RCA: _____ Adaptors: _____

Accessories:

Video Tape(s): _____ Extension Cord(s): _____ Power Strip(s): _____

Light Kit #: _____ MX-30 Multi-Camera Package: _____

Other:

I, the undersigned, certify that the above equipment is in good working order. I understand that I am fully liable for loss or or damage to equipment borrowed. I have read and understand APAT's Policies & Regulations and I agree to abide by them.

Signature: _____ Date: ____ / ____ / ____

If a member is under 18 years of age, name and signature of parent/guardian:

Parent/Guardian: _____ Signature: _____