

Equipment Checkout Form

Your Name:		Today's Date:	Return Date:
Your Phone #		1 st Contact Phone	#
2 nd	Contact Phone #	3 rd Contact Phone	#
Ch	eck Box for Each Requested Iter	m	
	Regular Video Camera		
	Sports Camera		
	Other Camera		
	Tripod / Monopod		
	Motion Camera Mount		
	Dolly		
	Polarized Filter		
	Reflector / Diffuser Kit		
	Camera Mounted Light		
	Wide Angle Lens		
	Fisheye Lens		
	Field Audio Mixer		
	Lavaliere Mic		
	Pressure Zone Mic		
	Handheld Mic		
	Shotgun Mic		
	Wireless Mic		
	Digital Audio Recorder		
	Other		

My school is loaning the above equipment to me for the purpose of completing a class project. I agree to pay for repair or replacement of missing or damaged equipment. I understand that all equipment is due back the next school day at the beginning of my class period regardless of my own attendance, and that I must personally hand all of the above equipment to the teacher for his or her inspection at that time.

Sign Here to Agree: _____