

HCAT PORTABLE EQUIPMENT REQUEST

NAME:

DATE NEEDED:

PROGRAM:

**DATE BACK
TIME BACK:**

Contact Information:

Camera and Accessories:

- Camera DV550U GL-2 kit #____ HD110 #____ HD150 #____ XA25 #____
- Tripod Miller GL-2 Bogen w/dolly HD150 XA25
- Power 120 volt supply Battery____ Qty _____ Battery Belt with light Extra Bat Y N
- Control Arms
- Viewfinder 4" 5" Color LCD
- Focus Module (DV550)
- Rain Cover
- JVC DR-HD100 hard drive Unit #_____

Audio:

- Microphone(s) SM58__ EV 635A __ Lapel ____ Cardiod ____ Wireless ____
- Boom ____ (Shotgun windscreen Fishpole ____)
- CABLES microphone XLR-XLR____ XLR-F-TRS ____ XLR-M-TRS ____
- Audio mixer Shure M267 Mackie 1604 Portable 9v mixer
- Headphones
- Mic Splitter
- Mic Stand Tall Stand Table stand

Miscellaneous:

- Cables: BNC ____ RF ____
- Portable color monitor
- Tape VHS SVHS Mini DV SD Card Qty _____
- Lighting: Lowell Light kit Tuff Spun LED light kit
- Announcer intercom kit
- Audio/Video DA kit
- Power Extension Cord
- RF modulator
- Adapters Type(s) _____

Volunteer Signature: _____ Date: _____

By signing this form I understand that I am responsible for loss or damage due to negligence or abuse while the equipment is checked out to me. If under 18, my parents or guardians have signed the appropriate permission form and it is on file at the HCAT studio.

TO BE FILLED IN BY HCAT STAFF	V1.12
Checked Out By: _____	Checked In By: _____
Check Out Date: _____	Check In Date: _____