

<b><u>CAMERA CHECKOUT</u></b>				
circle one:	<b>106</b>	Green Screen	Blue Horizons	Launch Pad <b>108</b>

Reserved:	
Time OUT:	
Time IN:	

Production Title: \_\_\_\_\_

**Instructions:** check the boxes to the right of the item you would like to check out. Be sure to fill in the designated check out and return dates, phone number, permanent student ID number, production title, and legibly print your name at the bottom. \*\*\*Do not sign the form until time of checkout.

CAMERAS		SD (GB)	Battery	Leave BLANK for worker	<input checked="" type="checkbox"/>
SONY FS100	18-200mm Zoom, viewfinder, AC power adaptor, battery charger, mic + windcover			1 2 3 4 5 6 7 8 9	
SONY FS700	18-200mm Servo, viewfinder, AC power adaptor, mic + windcover, handle, screwdriver			1 2 3 4	
GoPro Hero 7	tripod adaptor, mini tripod, type C cable, housing			BLACK WHITE	

LENSES	<input checked="" type="checkbox"/>
24mm	
35mm	
50mm	
85mm	

FILTERS	<input checked="" type="checkbox"/>
Neutral Density	x_____
Variable ND	x_____
Color Grade	x_____
Circle Polarizer	x_____

SOUNDSTAGE	<input checked="" type="checkbox"/>
Booking Form	
Key	
Camera Cart	
Ladder	

CAMERA GRIP	leave blank	<input checked="" type="checkbox"/>
Heavyweight Manfrotto Tripod	x_____	
Lightweight Magnus Tripod		
Tripod Dolly Wheels		
Steadicam		
Axler		
Gib		
Shoulder Rig		
Follow Focus and rails		
Whip		
Marshall Monitor	1 or 2	
Aputure Monitor	1 2 3 4 5	

MISCELLANEOUS	quant.	<input checked="" type="checkbox"/>
5 in 1	x_____	
Stinger	x_____	
Light Meter		
Slate Kit		
Card Reader		

BASIC LIGHTING	leave blank	<input checked="" type="checkbox"/>
Dracast LED500 BiColor LEDs	1 2 3 4 5	
Light Stands	x_____	

<b>TOTAL BATTERIES:</b>	Quantity:	
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Checkout Dates: \_\_\_\_\_ to \_\_\_\_\_ Extension from \_\_\_\_\_ to \_\_\_\_\_ Approved by: \_\_\_\_\_

Production Manager Signature: \_\_\_\_\_ (For 106 and 118 production classes only.)

NAME: \_\_\_\_\_

PERM: \_\_\_\_\_

PHONE: \_\_\_\_\_

I acknowledge that I have received the above equipment in good and working order. I am responsible for replacing or reimbursing any damaged or missing components upon return.	X _____  Date: _____
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# 104 PRODUCTION TECH CHECKOUT

Reserved:	
Time OUT:	
Time IN:	

Production Title: \_\_\_\_\_

**Instructions:** check the boxes to the right of the item you would like to check out. Be sure to fill in the designated check out and return dates, phone number, permanent student ID number, production title, and legibly print your name at the bottom. **\*\*\*Do not sign the form until time of checkout.**

CAMERA	SD (GB)	Battery	Leave BLANK	<input checked="" type="checkbox"/>
SONY X70   microphone, AC power adaptor			1 2 3 4 5 6 7 8	

RECORDERS (1 max)	SD (GB)	Leave BLANK	<input checked="" type="checkbox"/>
ZOOM H6   ZOOM MSH-6 Mid-Side Mic, ZOOM XYH-6 X/Y Mic, AC power adaptor, wind protection		1 2 3 4 5	
ZOOM H4N   AC power adaptor		1 2 3 4	

CAMERA ACCESSORIES and GRIP	quant.	<input checked="" type="checkbox"/>
Magnus Tripod		
Tripod Dolly Wheels		
5-in-1	x _____	
C-stand		
Sandbag		
Bounce Card		
Diffusion	x _____	
Gels	x _____	

SOUND	<input checked="" type="checkbox"/>
SONY Shotgun Mic	1 2 3
RODE Shotgun Mic	1 2 3 4 5
Boompole	
Pistol Grip	
Blimp	
XLR Cable	
Headphones	x _____
Lavalier Mic	wired    wireless

LIGHTING	Leave BLANK for worker	<input checked="" type="checkbox"/>
Axrtec LED500	1 2 3 4 5 6 7 8 9	
Light stands	x _____	

MISCELLANEOUS	<input checked="" type="checkbox"/>
Slate Kit	
Other:	

Checkout Dates: \_\_\_\_\_ to \_\_\_\_\_      Extension from \_\_\_\_\_ to \_\_\_\_\_      Approved by: \_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_      PERM: \_\_\_\_\_

PHONE: \_\_\_\_\_

I acknowledge that I have received the above equipment in good and working order. I am responsible for replacing or reimbursing any damaged or missing components upon return.	X _____  Date: _____
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**SOUND CHECKOUT**circle one:      **106**    **115**    Green Screen    Blue Horizons    Launch Pad    **108**

Production Title: \_\_\_\_\_

Reserved:	
Time OUT:	
Time IN:	

**Instructions:** check the boxes to the right of the item you would like to check out. Be sure to fill in the designated check out and return dates, phone number, permanent student ID number, production title, and legibly print your name at the bottom.      \*\*\*Do not sign the form until time of checkout.

RECORDERS		SD (GB)	Leave BLANK for worker	<input checked="" type="checkbox"/>
ZOOM F4	shoulder carrier, AC power adaptor, rain cover, auxiliary chord converter		1 2 3 4	
ZOOM H6	ZOOM MSH-6 Mid-Side Mic, ZOOM XYH-6 X/Y Mic, AC power adaptor, wind protection		1 2 3 4 5	
ZOOM H4N	AC power adaptor		1 2 3 4	

MICROPHONES	Leave Blank	<input checked="" type="checkbox"/>
RODE NTG-2 shotgun mic	1 2 3 4 5	
SONY ECM-678 (mono) shotgun mic	1 2 3	
SONY ECM-680 (stereo) shotgun mic	1 2 3 4	
AUDIO TECHNICA AT4033 studio mic	1 2	

LAVALIERS	Leave Blank	quant.	<input checked="" type="checkbox"/>
SONY ECM-77B omnidirectional wired lav	1 2 3 4	x_____	
SONY cardioid wireless lavelier mic	1 2 3	x_____	
SENNHEISER cardioid wireless lavelier mic	1 2 3	x_____	
Lavalier mic covers/clips		x_____	

SOUND GRIP	<input checked="" type="checkbox"/>
C-stand (1 max per sound checkout)	
Sandbag (1 max per C-stand)	
Boompole Holder (compatible with C-stand)	
RODE PG2 Pistol Grip (single holster)	
RODE PG2-R Pistol Grip (double holster)	
RODE Blimp and fuzzy	
RODE PRO Boompole (33in-10ft)	
RODE MINI Boompole (33-81in)	
RODE MICRO Boompole (33-81in)	

AUDIO CABLES	quant.	<input checked="" type="checkbox"/>
XLR Cable	x_____	
Auxiliary (headphone) Extension Cable		
XLR to mini		
Splitter		
Stereo XLR Cable (5 pin XLR)	x_____	

BOOMPOLE CARRYING BAG	<input checked="" type="checkbox"/>
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HEADPHONES:	Quantity:
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Checkout Dates: \_\_\_\_\_ to \_\_\_\_\_      Extension from \_\_\_\_\_ to \_\_\_\_\_      Approved by: \_\_\_\_\_

Production Manager Signature: \_\_\_\_\_ (For 106 and 118 production classes only.)

NAME: \_\_\_\_\_      PERM: \_\_\_\_\_

PHONE: \_\_\_\_\_

I acknowledge that I have received the above equipment in good and working order.  
I am responsible for replacing or reimbursing any damaged or missing components upon return.

X \_\_\_\_\_  
Date: \_\_\_\_\_

# LIGHTING AND GRIP CHECKOUT

circle one:      **106**      Green Screen      Blue Horizons      Launch Pad      **108**

Reserved:	
Time OUT:	
Time IN:	

Production Title: \_\_\_\_\_

**Instructions:** check the boxes to the right of the item you would like to check out. Be sure to fill in the designated check out and return dates, phone number, permanent student ID number, production title, and legibly print your name at the bottom.      \*\*\*Do not sign the form until time of checkout.

LED LIGHTING FIXTURES	leave blank	<input checked="" type="checkbox"/>
DRACAST LED500 S Series Bi-Color	1 2 3 4	
DRACAST LED500 S Series Bi-Color	V Battery	
DRACAST Silkray Round LED400	1 or 2	
DRACAST LED180 Halo Ringlight	1 or 2	
F&V HDR-300 LED Ringlight		
IKAN LED500 3 Light Kit		
China Ball	tungsten or LED	

TUNGSTEN LIGHTING FIXTURES	<input checked="" type="checkbox"/>
Lowel ViP Pro-Light Kit	
Lowel ViP Pro-light + Dedolight Kit	
ZIP Light Kit (2 ZIP Lights)	
Broad Lights (2 broad lights)	
ARRI Mini CYC 1K	
ARRI Chimera 1K	
Mole-Richardson Junior 2K Fresnel	
2K Softbox (blue)	

LIGHT STANDS	quant.	<input checked="" type="checkbox"/>
Lightweight LED stands	x _____	
Heavyweight Mole-Junior stands	x _____	

<b>TOTAL BATTERIES:</b>	Quantity:
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GRIP	quant.	<input checked="" type="checkbox"/>
Collapsible C-stands (3 max)	x _____	
Sandbags (4 max)	x _____	
Manny (12x12 frame, high rollers, and diffusion)		
6x6 frame and diffusion		
Duck Bill		
Flags	x _____	
Silks	x _____	
Bounces and White Cards	x _____	
5-in-1	x _____	
Gloves	x _____	
Stingers	x _____	
Clamps	x _____	
C-47s	x _____	
Hydraulic Dolly		

GELS (please specify)	quant.	<input checked="" type="checkbox"/>
Diffusion	x _____	
CTO	x _____	
CTB	x _____	
Color Change:	x _____	

MISCELLANEOUS (please specify)	<input checked="" type="checkbox"/>
Fog Machine	
Other:	

Checkout Dates: \_\_\_\_\_ to \_\_\_\_\_      Extension from \_\_\_\_\_ to \_\_\_\_\_      Approved by: \_\_\_\_\_

Production Manager Signature: \_\_\_\_\_ (For 106 and 118 production classes only.)

\_\_\_\_\_

NAME: \_\_\_\_\_      PERM: \_\_\_\_\_

PHONE: \_\_\_\_\_

I acknowledge that I have received the above equipment in good and working order. I am responsible for replacing or reimbursing any damaged or missing components upon return.	X _____  Date: _____
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