



Assigned kit No

Lighting Equipment Request

CONTACT INFORMATION	
LAST NAME:	
FIRST NAME:	
TELEPHONE:	
EMAIL ADDRESS:	
CLASS: F	PROFESSOR:
CHECK-OUT	
Date out:	Time out: OAM
Day of week s м	T W R F S
CHECK-IN —	
Date in:	Time in: : OAM
Day of week s м	T W R F S
EQUIPMENT REQUESTED Arri 3-Light Kit (#4-11) Arri 4-Light Kit (#1-3) Ikan LED 2-Light Kit GVM LED 3-Light Kit Gel Kit	 ○ Lowel 3-Light Kit ○ Lowel 1-Light Kit ○ Kino 3-Light Kit ○ Bolt LED 1-Light Kit ○ Rifa 2-Light Kit ○ Pizza Box (Reflector)
OFFICE USE ONLY	
Date in: Time	Approved Check Out

☐ Lowel 3-Light or 1-Light Kit Kit No	Arri 3-Light or 4-Light Kit Kit No
OUT IN O Lowel Omni (2) OUT IN O Screens (2) O Power Cables (3 O Barn Doors (2) O Stands (3) O Lowel Tota (1) O Gloves (1 pair) O Screens (1) C Gel frame	Arri 650 (qty.) Barndoors (qty.) Arri Miniflood (qty.) Barndoors (qty.) Stands (qty.)
☐ Ikan LED 2-Light Kit Kit No	Scrims (qty.)Gloves (1 pair)
OUT IN OU	dvivi LED Lights w/barridoors (3)
☐ Kino 3-Light Kit Kit N ^o	Gel Kit Kit Nº
OUT IN OUT IN ON Kino Divas (2) ON Arri 650 ON Attached Mounts (2) ON Arri 650 ON Kino Light Stand A ON Kino Light Stand B	OUT IN 15 Gels C Grip Equipment
☐ Rifa 2-Light Kit Kit Nº	OUT IN O Pizza box (qty.) O 25 ft. extension cord (qty.)
OUT IN COME Rifa Light (1) COME Rifa Light (1) COME Rifa Light (1) COME Rifa Light (1) COME Reflector COUT IN COME REFLECTION	 CTO gel (qty.) CTB gel (qty.) Color effect gels (qty.) Diffusion material (qty.) C-47 clips (qty.) Scrims (qty.)
	, the above named individual, hereby affirm with my signature that I have received all the equipment marked out, and understand that I shall be
Dore LED 1 Light Nicht Nicht	oound by all the rules and regulations of the Equipment Room, awrence Herbert School of Communication and Hofstra University.