

STUDIO

STUDIO Equipment Request

CONTACT INFO	•	•					
LAST NAME:							
FIRST NAME:							
TELEPHONE:							
EMAIL ADDRESS:							
CLASS:			PROFI	ESSOR	:		
CHECK-OUT —							
Date out:			Τ	ime (out:	:	○ AM ○ PM
Day of week							
CHECK-IN —							
Date in:			· · · · ·	Time	in:		○ AM ○ PM
Day of week							
-IN-HOUSE USE							
O Studio A	\bigcirc	Stud	lio B	\bigcirc	Studi	oС	
O Room No							
O Studio Contro	ol	0	Engir	neerin	g		
OFFICE USE ON	LY —						
☐ EXTENSION App	roved l	by:			A		
Date in:					Prep	ared	Check Out Check In

☐ Studio Equipment	☐ Cables				
OUT IN RTS Headsets #s Qty. requested:	OUT IN (qty.) 25'-30' BNC (qty.)				
OO Wireless RTS Beltpacks #s	○○ 25′XLR (qty.)				
Wireless IFB Box (with earpiece) #s	50'XLR (qty.)Extension Cords (qty.)				
Qty. requested:	Surge Protectors (qty.)				
Ethercon cables (For Wired IFB Box from EngineeringQty. requested:	ng)				
Old Wired RTS Box #s	☐ Other				
Qty. requested:	OUT IN Stopwatch #s				
Camera RTS Headsets #s	Qty. requested:				
Qty. requested:	OO Wrenches: 1 2 3				
☐ Microphones	○○ Hammer				
OUT IN Studio Lav Mic #s Qty. requested:	Additional Equipment				
O Handheld Mic #s					
Qty. requested:	00				
OO Wireless Lav Mic #s	00				
Qty. requested:	00				
OO Wireless Handheld Mic #					
Qty. requested:	I, the above named individual, hereby affirm with my signature that I have received all the equipment marked out, and understand that I shall be bound by all the rules and regulations of the Equipment Room, Lawrence Herbert School of Communication and Hofstra University.				
○○ Shotgun Mic #s					
O O Boom Pole (Letters)	X				
Qty. requested:					