



Equipment Check-Out Form

Name: _____ Phone: _____

Name of Program: _____

Check-out: Date ____/____/____ Time ____ : ____ am / pm

Return: Date ____/____/____ Time ____ : ____ am / pm

Mark and indicate quantity of equipment to be checked out:

Camera(s):

____ **Sony #4** (includes: case, 2 batteries, power adapter, charger, manual, remote, SD-Card Reader)

____ **Sony #5** (includes: case, 2 batteries, power adapter, charger, manual, remote, SD-Card Reader)

____ **Canon T4i** (includes: case, 2 batteries, battery charger, manual, computer cable, lens cloth,
18-135 mm STM lens w/UV filter, 44 mm STM s/UV filter, 16GB SDHA card)

Accessories:

___ Tripod ___ SDHC Card ___ Headphones ___ Lavalier Mic ___ Wireless Mic Kit ___ Boom Mic

___ Audio Cable Cords ___ Handheld Mic ___ Mic Stand ___ Mini Mic Stand ___ Zoom Audio Recorder

___ S Video Cable ___ Component Cable ___ Extension Cord ___ 3-Light Kit ___ Camera Light ___ Reflector

___ **KDAK Radio Mobile Production Kit:** (includes: Berringer Mixer, case, 2 mics w/2 stands and 2 sleeves,
2 xlr cables, stereo RCA cable, Berringer USB interface)

I agree to adhere to DMA's Equipment Operating Policies for the equipment indicated above.

I agree to replace or repair any lost or damaged equipment.

Signature: _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Phone: _____

Return of equipment:

Return: Date ____/____/____ Time ____ : ____ am / pm

DMA Staff OK'd by: _____