

Palomar College Media Studies Dept.

Remote Camera Check Out Request

(MUST BE FILLED OUT AND SIGNED)

Student Name _____ Class _____

Phone Number _____ Alt. Phone # _____

Student ID # or Driver's License _____

Date to be checked out _____ Date to be returned _____

Instructor's Approval (Signature) _____ Date _____

Check out hours: 3:00pm - 9:00pm

Check in hours: 10:00am – 12:00pm

Cameras _____ Sony NEX 100 _____ Sony HDV _____ Canon GL-2 _____ Canon GL-1 _____ Film Camera _____ Other	Tripod _____ Bogen Fluid Head
Microphones _____ Audio-Technica mic #1 _____ Sennheiser shot gun mic	Fish Poles _____ Fish Pole
Light Kits _____ Lowel Light Kit #1 _____ Lowel Light Kit #2 _____ Arri _____ Mole Richards Light Kit _____ Smith-Victor Mini Spot _____ Lowel Broad Single Light _____ Arri Soft Box	Video Monitor _____ Filters _____ Dolly _____ Jib _____
_____ Stedi-tracker	Other _____ _____

Note: equipment can only be checked out with instructor approval and signature

I UNDERSTAND THAT ALL EQUIPMENT MUST BE RETURNED TO THE TECH OFFICE AT THE DATE AND TIME INDICATED ABOVE. If items are overdue, future checkout privileges may be revoked. **I understand I am financially responsible** for any lost or stolen equipment in my care. **I agree to pay the total cost of the equipment if it is stolen, lost or damaged beyond repair. I will pay to repair and restore equipment to its original condition.**

Student Signature _____ Date _____

Checked in by _____ Date/time _____