

BROOKLYN COLLEGE TELEVISION CENTER

REV. 10/28/09

PHONE: 718-951-5585 FAX: 718-951-5558 E-MAIL: TVCENTER@BROOKLYN.CUNY.EDU

GRADUATE EQUIPMENT LOAN REQUEST FORM

NAME: _____

INSTRUCTOR: _____

PHONE: _____

COURSE NUMBER: _____

START DATE/TIME: _____

END DATE/TIME: _____

BLOCK BOOKING (FACULTY ONLY)

CAMERA & ACCESSORIES:

- * _____ JVC GY-HD-110
- * _____ SONY XDCAM EX1
(MEDIA CARD INCLUDED)
- * _____ SONY HDV V1U
- * _____ JVC FIELD MONITOR
- * _____ ANY AVAILABLE CAMERA

STUDIO & MCR:

- _____ STUDIO B – SPACE ONLY
- _____ STUDIO B WITH LIGHTING
- _____ STUDIO B WITH CAMERAS ***
- _____ CONTROL ROOM ***
- _____ CHYRON ***
- _____ STILL STORE ***
- _____ TELEPROMPTER ***
- _____ BETA-SP
- _____ S-VHS
- _____ DVC-PRO
- _____ DVD
- _____ GREEN SCREEN
- _____ GLOBECASTER ***

TRIPODS & ACCESSORIES:

- * _____ SACHTLER
- * _____ BOGEN (501)
- * _____ HI-HAT
- * _____ MONOPOD
- * _____ DOLLY
- * _____ SPREADER
- * _____ ANY AVAILABLE TRIPOD

EDITING STATIONS:

- _____ #2 _____ #3 _____ #4 _____ HDV#2 _____ HDV#15
- _____ ANY AVAILABLE STATION

AUDIO:

- ** _____ HANDHELD
- ** _____ LAVALIER
- ** _____ SHOTGUN
- ** _____ WIRELESS
- ** _____ FISHPOLE
- * _____ MIXER
- * _____ HEADPHONES

- _____ DIAMANT ROOM (FACULTY ONLY)
- _____ GREEN ROOM
- _____ VIEWCART _____ #1 _____ #2 _____ #3

ANCILLARY EQUIPMENT REQUESTS:

LIGHTING:

- * _____ KIT (HARD CASE)
- * _____ RIFA-LIGHT
- * _____ PRO RIFA KIT
- * _____ FREZZI-LIGHT (CAMERA MOUNT)
- * _____ SUNPAK (CAMERA MOUNT)
- * _____ REFLECTOR
- * _____ C-STAND
- * _____ FLAGS
- * _____ ANY AVAILABLE LIGHTING

APPROVED _____

NOT APPROVED _____
(BRIEFLY STATE REASON)

INSTRUCTOR/ ADVISOR: _____

CHAIR: _____

TV CTR CONFIRMATION #: _____

* **LIMIT 1 UNIT**

** **LIMIT 2 UNITS**

*** **TV CENTER ENGINEER NEEDED**

WORK ORDER WILL NOT BE PROCESSED WITHOUT THE FOLLWING:

- INSTRUCTOR'S SIGNATURE
- SIGNED DAMAGE AND LOSS STATEMENT ON BACK
- PHONE NUMBER
- START & END DATE/TIME

DAMAGE AND LOSS STATEMENT

I UNDERSTAND THAT I AM PERSONALLY RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF EQUIPMENT THAT I AM SIGNING OUT. I WILL SEE THAT THE EQUIPMENT IS IN WORKING ORDER WHEN I RECEIVE IT, AND I WILL RETURN IT IN WORKING ORDER, AT THE SPECIFIED TIME.

PRINT NAME: _____

SIGNATURE: _____

PROFESSOR: _____

COURSE#: _____