

# EQUIPMENT & FACILITIES REQUEST FORM

Subject to availability, studios may be used for up to three consecutive hours. Editing facilities may be used for up to two consecutive hours. Braintree Community Access & Media may in its sole discretion, waive these time frames.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone: Day: \_\_ (\_\_\_\_) \_\_\_\_\_ Eve.: \_\_ (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Title of program: \_\_\_\_\_
2. Check Out Date: \_\_\_ / \_\_\_ / \_\_\_ Start Time: \_\_\_\_\_
3. Return Date: \_\_\_ / \_\_\_ / \_\_\_ End Time: \_\_\_\_\_
4. Place a check mark to the left of the item you wish to check out. Identify the specific piece of equipment Studio staff will fill in the appropriate number of equipment.

**FACILITIES:**

- Studio: \_\_\_\_\_ #: \_\_\_\_\_       Edit Suite: \_\_\_\_\_ #: \_\_\_\_\_  
 Other: \_\_\_\_\_ #: \_\_\_\_\_

**EQUIPMENT:**

- |   |   |
|---|---|
| <input type="checkbox"/> Camera: _____ #: _____<br><input type="checkbox"/> Batteries: _____ #: _____<br><input type="checkbox"/> Tripod: _____ #: _____<br><input type="checkbox"/> Headphone: _____ #: _____<br><input type="checkbox"/> Monitor: _____ #: _____<br><input type="checkbox"/> Video Tape: _____ #: _____ | <input type="checkbox"/> Microphone: _____ #: _____<br><input type="checkbox"/> Mic Stand: _____ #: _____<br><input type="checkbox"/> Mic Mixer: _____ #: _____<br><input type="checkbox"/> VCR: _____ #: _____<br><input type="checkbox"/> Light Kit: _____ #: _____<br><input type="checkbox"/> AC Power Strip: _____ #: _____<br><input type="checkbox"/> Power Cables: _____ #: _____ |
|---|---|

**CABLES/ADAPTERS:**

- Audio: \_\_\_\_\_ #: \_\_\_\_\_       Video: \_\_\_\_\_ #: \_\_\_\_\_

**MISCELLANEOUS:**

You have read the Braintree Community Television Access Rules and the Access User Contract and agree to comply with the Contract, the Rules and any regulations promulgated pursuant thereto. You understand that a completed Access User Contract must be submitted to, or be on file with Braintree Community Television prior to the use of equipment and facilities or the cablecast of any Access Program.

You also understand that failure to return equipment and tape on time, or returning it in poor condition, may prohibit your use of the equipment in the future.

Access User Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 If Minor Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EQUIPMENT STATUS:**

Checked out by & Date	Checked back in by & Date	Comments

