

SSTV Stockton Student Television, Channel 14
Equipment Sign Out & Return Form

Last Revised: Fall 2010

Full name: _____

Z#: _____

Phone number: _____

Email: _____

Signature: _____

Description of equipment: _____

Purpose: _____

Dates needed: _____

Sign out date: _____ Manager's Initials: _____

Sign in date: _____ Manager's Initials: _____

By signing out equipment with this form, one assumes all financial responsibilities for damages and/or loss.