



EQUIPMENT SIGN-OUT FORM

Name:

Daytime Phone:

Address:

Evening Phone:

Photo Identification: _____ on file or Type/Number:

Date: / /

Program Title:

Equipment Taken:

Date To Be Returned:

I hereby accept full responsibility for the equipment listed above, which will be used for the sole purpose of creating programming for LCATV. I will be the only person operating this equipment.

Producer's Signature:

Date: / /

I verify that all items listed above are in working order and taken by the above signed.

Staff Signature:

EQUIPMENT RETURN

Date/Time Returned:

Approx. Hours of Usage:

All of the equipment listed above has been returned in good order (hidden damage excepted).

Staff Signature: