



belmont media center

BMC EQUIPMENT & FACILITIES REQUEST FORM

Name: _____ Date: _____
 Phone: Day: __(__)_____ Eve.: __(__)_____
 Email: _____
 Organization: _____
 Address: Street: _____
 City: _____ State: _____ Zip: _____ Membership# _____

1. Program: _____
2. Check Out Date: ___/___/___ Start Time: _____
3. Return Date: ___/___/___ End Time: _____
4. Place a check mark to the left of the item. Identify the equipment and write the number of items you wish to check out.

FACILITIES:

- | | |
|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Studio A: _____ | <input type="checkbox"/> Edit A: _____ |
| <input type="checkbox"/> Studio B: _____ | <input type="checkbox"/> Edit B: _____ |
| <input type="checkbox"/> Conf Rm: _____ | <input type="checkbox"/> Green Rm: _____ |

EQUIPMENT:

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

CABLES/ADAPTERS:

- | | |
|------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Audio: _____ #: _____ | <input type="checkbox"/> Video: _____ #: _____ |
|------------------------------------------------|------------------------------------------------|

NOTES/MISCELLANEOUS:

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

BMC Member Signature: _____ Date: _____

If Minor Parent/Guardian Signature: _____ Date: _____

BMC Staff Approval: _____ Date: _____