



Equipment Checkout Form

Mark each item at checkout and return. Items must be initialed by PATV5 staff at checkout and return

Checkout Date/Time _____

Return Date/Time _____

<p>Canon XA-25 Kit</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Camera</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Camera</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Battery</td> <td style="border: none;"><input type="checkbox"/> Battery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Power Source</td> <td style="border: none;"><input type="checkbox"/> Power Source</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> White Balance Card</td> <td style="border: none;"><input type="checkbox"/> White Balance Card</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Extension Cord</td> <td style="border: none;"><input type="checkbox"/> Extension Cord</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Headphones</td> <td style="border: none;"><input type="checkbox"/> Headphones</td> </tr> </table> <p>staff _____ staff _____</p>	<input type="checkbox"/> Camera	<input type="checkbox"/> Camera	<input type="checkbox"/> Battery	<input type="checkbox"/> Battery	<input type="checkbox"/> Power Source	<input type="checkbox"/> Power Source	<input type="checkbox"/> White Balance Card	<input type="checkbox"/> White Balance Card	<input type="checkbox"/> Extension Cord	<input type="checkbox"/> Extension Cord	<input type="checkbox"/> Headphones	<input type="checkbox"/> Headphones	<p>Microphones</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Shure Wired Lav (2)</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Shure Wired Lav (2)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Sennheiser Shotgun</td> <td style="border: none;"><input type="checkbox"/> Sennheiser Shotgun</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Handheld (8)</td> <td style="border: none;"><input type="checkbox"/> Handheld (8)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Boom Pole</td> <td style="border: none;"><input type="checkbox"/> Boom Pole</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Mic Stand (3)</td> <td style="border: none;"><input type="checkbox"/> Mic Stand (3)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Pedestal Mic Stand (8)</td> <td style="border: none;"><input type="checkbox"/> Pedestal Mic Stand (8)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 50-foot XLR</td> <td style="border: none;"><input type="checkbox"/> 50-foot XLR</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 25-foot XLR</td> <td style="border: none;"><input type="checkbox"/> 25-foot XLR</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Six-foot XLR</td> <td style="border: none;"><input type="checkbox"/> Six-foot XLR</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Power Source</td> <td style="border: none;"><input type="checkbox"/> Power Source</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Four-foot XLR</td> <td style="border: none;"><input type="checkbox"/> Four-foot XLR</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> One-foot XLR</td> <td style="border: none;"><input type="checkbox"/> One-foot XLR</td> </tr> </table> <p>staff _____ staff _____</p>	<input type="checkbox"/> Shure Wired Lav (2)	<input type="checkbox"/> Shure Wired Lav (2)	<input type="checkbox"/> Sennheiser Shotgun	<input type="checkbox"/> Sennheiser Shotgun	<input type="checkbox"/> Handheld (8)	<input type="checkbox"/> Handheld (8)	<input type="checkbox"/> Boom Pole	<input type="checkbox"/> Boom Pole	<input type="checkbox"/> Mic Stand (3)	<input type="checkbox"/> Mic Stand (3)	<input type="checkbox"/> Pedestal Mic Stand (8)	<input type="checkbox"/> Pedestal Mic Stand (8)	<input type="checkbox"/> 50-foot XLR	<input type="checkbox"/> 50-foot XLR	<input type="checkbox"/> 25-foot XLR	<input type="checkbox"/> 25-foot XLR	<input type="checkbox"/> Six-foot XLR	<input type="checkbox"/> Six-foot XLR	<input type="checkbox"/> Power Source	<input type="checkbox"/> Power Source	<input type="checkbox"/> Four-foot XLR	<input type="checkbox"/> Four-foot XLR	<input type="checkbox"/> One-foot XLR	<input type="checkbox"/> One-foot XLR
<input type="checkbox"/> Camera	<input type="checkbox"/> Camera																																				
<input type="checkbox"/> Battery	<input type="checkbox"/> Battery																																				
<input type="checkbox"/> Power Source	<input type="checkbox"/> Power Source																																				
<input type="checkbox"/> White Balance Card	<input type="checkbox"/> White Balance Card																																				
<input type="checkbox"/> Extension Cord	<input type="checkbox"/> Extension Cord																																				
<input type="checkbox"/> Headphones	<input type="checkbox"/> Headphones																																				
<input type="checkbox"/> Shure Wired Lav (2)	<input type="checkbox"/> Shure Wired Lav (2)																																				
<input type="checkbox"/> Sennheiser Shotgun	<input type="checkbox"/> Sennheiser Shotgun																																				
<input type="checkbox"/> Handheld (8)	<input type="checkbox"/> Handheld (8)																																				
<input type="checkbox"/> Boom Pole	<input type="checkbox"/> Boom Pole																																				
<input type="checkbox"/> Mic Stand (3)	<input type="checkbox"/> Mic Stand (3)																																				
<input type="checkbox"/> Pedestal Mic Stand (8)	<input type="checkbox"/> Pedestal Mic Stand (8)																																				
<input type="checkbox"/> 50-foot XLR	<input type="checkbox"/> 50-foot XLR																																				
<input type="checkbox"/> 25-foot XLR	<input type="checkbox"/> 25-foot XLR																																				
<input type="checkbox"/> Six-foot XLR	<input type="checkbox"/> Six-foot XLR																																				
<input type="checkbox"/> Power Source	<input type="checkbox"/> Power Source																																				
<input type="checkbox"/> Four-foot XLR	<input type="checkbox"/> Four-foot XLR																																				
<input type="checkbox"/> One-foot XLR	<input type="checkbox"/> One-foot XLR																																				
<p>Canon XA-10 Kit</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Camera</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Camera</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Battery</td> <td style="border: none;"><input type="checkbox"/> Battery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Power Source</td> <td style="border: none;"><input type="checkbox"/> Power Source</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> White Balance Card</td> <td style="border: none;"><input type="checkbox"/> White Balance Card</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Extension Cord</td> <td style="border: none;"><input type="checkbox"/> Extension Cord</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Headphones</td> <td style="border: none;"><input type="checkbox"/> Headphones</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Lens Cap</td> <td style="border: none;"><input type="checkbox"/> Lens Cap</td> </tr> </table> <p>staff _____ staff _____</p>	<input type="checkbox"/> Camera	<input type="checkbox"/> Camera	<input type="checkbox"/> Battery	<input type="checkbox"/> Battery	<input type="checkbox"/> Power Source	<input type="checkbox"/> Power Source	<input type="checkbox"/> White Balance Card	<input type="checkbox"/> White Balance Card	<input type="checkbox"/> Extension Cord	<input type="checkbox"/> Extension Cord	<input type="checkbox"/> Headphones	<input type="checkbox"/> Headphones	<input type="checkbox"/> Lens Cap	<input type="checkbox"/> Lens Cap	<p>Tripods</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Manfrotto Large</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Manfrotto Large</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Manfrotto Small (2)</td> <td style="border: none;"><input type="checkbox"/> Manfrotto Small (2)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Dolly</td> <td style="border: none;"><input type="checkbox"/> Dolly</td> </tr> </table> <p>staff _____ staff _____</p>	<input type="checkbox"/> Manfrotto Large	<input type="checkbox"/> Manfrotto Large	<input type="checkbox"/> Manfrotto Small (2)	<input type="checkbox"/> Manfrotto Small (2)	<input type="checkbox"/> Dolly	<input type="checkbox"/> Dolly																
<input type="checkbox"/> Camera	<input type="checkbox"/> Camera																																				
<input type="checkbox"/> Battery	<input type="checkbox"/> Battery																																				
<input type="checkbox"/> Power Source	<input type="checkbox"/> Power Source																																				
<input type="checkbox"/> White Balance Card	<input type="checkbox"/> White Balance Card																																				
<input type="checkbox"/> Extension Cord	<input type="checkbox"/> Extension Cord																																				
<input type="checkbox"/> Headphones	<input type="checkbox"/> Headphones																																				
<input type="checkbox"/> Lens Cap	<input type="checkbox"/> Lens Cap																																				
<input type="checkbox"/> Manfrotto Large	<input type="checkbox"/> Manfrotto Large																																				
<input type="checkbox"/> Manfrotto Small (2)	<input type="checkbox"/> Manfrotto Small (2)																																				
<input type="checkbox"/> Dolly	<input type="checkbox"/> Dolly																																				
<p>Go Pro Hero 3 Black Kit (2)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> GoPro (2)</td> <td style="width: 50%; border: none;"><input type="checkbox"/> GoPro (2)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Water Proof Case</td> <td style="border: none;"><input type="checkbox"/> Water Proof Case</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Power Source</td> <td style="border: none;"><input type="checkbox"/> Power Source</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Handlebar Mount</td> <td style="border: none;"><input type="checkbox"/> Handlebar Mount</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Roll Bar Mount</td> <td style="border: none;"><input type="checkbox"/> Roll Bar Mount</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Suction Mount</td> <td style="border: none;"><input type="checkbox"/> Suction Mount</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Remote Control</td> <td style="border: none;"><input type="checkbox"/> Remote Control</td> </tr> </table> <p>staff _____ staff _____</p>	<input type="checkbox"/> GoPro (2)	<input type="checkbox"/> GoPro (2)	<input type="checkbox"/> Water Proof Case	<input type="checkbox"/> Water Proof Case	<input type="checkbox"/> Power Source	<input type="checkbox"/> Power Source	<input type="checkbox"/> Handlebar Mount	<input type="checkbox"/> Handlebar Mount	<input type="checkbox"/> Roll Bar Mount	<input type="checkbox"/> Roll Bar Mount	<input type="checkbox"/> Suction Mount	<input type="checkbox"/> Suction Mount	<input type="checkbox"/> Remote Control	<input type="checkbox"/> Remote Control	<p>Lights</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Lowel Omni Kit</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Lowel Omni Kit</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Lowel Rifa Kit</td> <td style="border: none;"><input type="checkbox"/> Lowel Rifa Kit</td> </tr> </table> <p>staff _____ staff _____</p>	<input type="checkbox"/> Lowel Omni Kit	<input type="checkbox"/> Lowel Omni Kit	<input type="checkbox"/> Lowel Rifa Kit	<input type="checkbox"/> Lowel Rifa Kit																		
<input type="checkbox"/> GoPro (2)	<input type="checkbox"/> GoPro (2)																																				
<input type="checkbox"/> Water Proof Case	<input type="checkbox"/> Water Proof Case																																				
<input type="checkbox"/> Power Source	<input type="checkbox"/> Power Source																																				
<input type="checkbox"/> Handlebar Mount	<input type="checkbox"/> Handlebar Mount																																				
<input type="checkbox"/> Roll Bar Mount	<input type="checkbox"/> Roll Bar Mount																																				
<input type="checkbox"/> Suction Mount	<input type="checkbox"/> Suction Mount																																				
<input type="checkbox"/> Remote Control	<input type="checkbox"/> Remote Control																																				
<input type="checkbox"/> Lowel Omni Kit	<input type="checkbox"/> Lowel Omni Kit																																				
<input type="checkbox"/> Lowel Rifa Kit	<input type="checkbox"/> Lowel Rifa Kit																																				
<p>By signing this form, the community producer below attests that the equipment is in good working order upon checkout and agrees to pay up to \$1,000 for loss, theft or damage beyond normal wear and tear with the credit card number provided on the Membership Agreement.</p>																																					
<p>Community Producer (Print) _____</p>																																					
<p>Community Producer (Sign) _____</p>	<p>Date _____</p>																																				