



PORTABLE EQUIPMENT REQUEST

NAME: _____ ID#: _____

ORGANIZATION: _____

SHOW TITLE: _____

PHONE #: _____ DATE REQUESTED: _____

Please indicate which equipment you would like to reserve by marking (x) the line to the left of the item. Refer to the Rules and Regulations for restrictions.

<u>EQUIPMENT</u>	<u>#</u>	<u>OUT</u>	<u>IN</u>	<u>CONDITION UPON RETURN</u>
_____ S-VHSCAMCORDER	_____	_____	_____	_____
_____ DIGITAL	_____	_____	_____	_____
_____ TRIPOD	_____	_____	_____	_____
_____ LAV MIC	_____	_____	_____	_____
_____ HAND MIC	_____	_____	_____	_____
_____ WIRELESS MIC	_____	_____	_____	_____
_____ CABLES	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____ BATTERIES	_____	_____	_____	_____
_____ LIGHTS	_____	_____	_____	_____
_____ MISC	_____	_____	_____	_____
_____	_____	_____	_____	_____

I (the undersigned) understand that reservations for the portable equipment are provided on a first-come first-served basis. I also understand that use of the portable equipment will be for the sole purpose of creating programming for **New Bedford Public Access Television**. I understand that I am responsible for the care of the equipment under my use. I agree to hold **New Bedford Public Access Television** (including its employees and agents), the Public Access Advisory Committee, the City of New Bedford, and AT&T broadband harmless from liability and/or legal fees incurred as a result of damage to equipment or injuries sustained while using **New Bedford Public Access Television** equipment.

SIGNATURE: _____ TODAY'S DATE: _____

DATE OUT: _____ DATE DUE: _____

STAFF APPROVAL: _____