



EQUIPMENT BOOKING FORM

Name: Student no: Course: Pickup date: Return date:	CAMERA <input type="checkbox"/> TRIPOD <input type="checkbox"/> SOUND KIT <input type="checkbox"/> BOOM POLE <input type="checkbox"/> <hr/> Other:
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<i>For Technician Use Only</i> Pickup time: Return time: Kit no./colour: Deposit Received: Deposit Returned:	<i>Staff Signature</i> Signed: Date:
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By signing this form and handing over my deposit of £5, I take full responsibility for this kit whilst in my care and agree that the responsibility for its timely return and safekeeping lies with me. I will not use the kit for any purpose other than that agreed with my tutor. If I experience any damages or if the kit will not be able to be returned on time, I will contact the appropriate staff immediately. If I am late on my kit return, I may lose my deposit and will be banned from further kit use.

Student Signature:

Date: