



EQUIPMENT BOOKING FORM

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|---------------------|---|
| Name: | <input type="checkbox"/> CAMERA <input type="checkbox"/> TRIPOD <input type="checkbox"/> SOUND KIT <input type="checkbox"/> BOOM POLE |
| Student no: | Other: |
| Course: | |
| Pickup date: | |
| Return date: | |

| | |
|--------------------------------|------------------------|
| For Technician Use Only | Staff Signature |
| Pickup time: | |
| Return time: | Signed: |
| Kit no./colour: | |
| Deposit Received: | |
| Deposit Returned: | Date: |

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: