

SAVAIL EQUIPMENT RENTAL FORM

*SAVAIL: Sound and Video Analysis and Instruction Laboratory
Wells Library- East Tower - Room 172 - Phone 812-856-7282 - Email savail@indiana.edu*

Date _____

REQUESTOR INFORMATION

Name _____ Class/Department _____

Project description _____

Address _____

Phone _____ Email _____

LOAN INFORMATION

Pick up time/date _____

Return time/date _____

Items available to borrow:

Video/Still	Audio	Microphones	Accessories
Canon HV30 camera (#1)	Marantz PMD 670	Audio Technica (AT)822 Stereo Mic	Beachtek
Canon HV30 camera (#2)	Marantz PMD 660	AT825 Stereo (5-pin)	Studio 1
Panasonic PVG5180	Marantz PMD 661	AT835b shotgun	Table mic stand
	Marantz PMD 620	conference grabber mic	Floor Mic stand 1-5
	Zoom H2	AT831b lavalier	
Canon Rebel		AT Pro37 condenser mic	Tripod #1 (Cullman)
Nikon 35mm		AKG C1000s cardioid condenser mic	Tripod #2 (Cullman)
		Sony ECM 999PR condenser mic	Tripod #3 (Velbon)
		Sony ECM 999PR condenser mic	Tripod #4 (Silk)
Other:			

RENTAL AGREEMENT

- *Equipment must be picked up and returned at SAVAIL by the requestor during normal SAVAIL hours.*
- *SAVAIL's equipment must remain within the local vicinity; patrons are asked not to travel with the equipment.*
- *Please return equipment on time so that other patrons may borrow it.*
- *Borrowers will be held responsible for all damaged and missing equipment.*
- *Please ensure that you have returned all equipment, including all cords and other accessories.*

Renters Signature _____ Date _____

Picked Up By: (Print) _____ (Signature) _____ (Date) _____	Returned By: (Print) _____ (Signature) _____ (Date) _____
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