*Creative Media Production – Equipment Booking Form*

*Please fill in the form below to indicate the equipment used and returned and the duration needed. Equipment must be approved by a member of staff before being taken.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Equipment** | **Number** | **From** | **To** | **Problems/Faults/Damage** |
| Canon Camera | 5 | MD2 | MD2 | N/A |
| Camera Tripod | N/A | MD2 | MD2 | N/A |
| Camera Microphone | N/A | MD2 | MD2 | N/A |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Collection Date**: 6/11/18 | **Collection Time:** 9:00am |
| **Return Date:** 7/11/18 | **Return Time:** 2:30pm |