



EQUIPMENT REQUEST

Fill out completely, print and sign to agree to the FRCMedia policies and procedures. No reservation will be accepted without a completed, signed form.

NAME: _____

SHOW TITLE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

DATE OF PICKUP: _____ DATE OF RETURN: _____

<u>#</u>	<u>EQUIPMENT</u>	<u>NOTES</u>	<u>COMMENTS</u>
	Camera		
	Tripod		
	Mics		
	Cables		
	Misc.		

COMMUNITY PRODUCER AGREEMENT

As the community producer I, the undersigned, represent to Fall River Community Media (FRCMedia) that my use of the equipment meets the criteria defined in the FRCMedia policies and procedures which I have viewed and agree to follow.

SIGNATURE: _____ DATE: _____

STAFF APPROVAL: _____ DATE: _____