

# FVTV

## Fox Valley Television

### Field Equipment Reservation

Date Needed \_\_\_\_\_

Pick Up Date/Time \_\_\_\_\_ Return Date/Time \_\_\_\_\_

Application Date \_\_\_\_\_ Producer ID \_\_\_\_\_

Producer's Name \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Program Title \_\_\_\_\_

Shoot Location(s) \_\_\_\_\_

Equipment Required (circle Y or N only)

Remote Cam Y / N   #   Tripod Y / N   #  

Audio Kit Y / N   #   Light Kit Y / N   #  

Qty. of Batteries \_\_\_\_\_ ID #'s (staff use) \_\_\_\_\_

Additional Equipment \_\_\_\_\_

Volunteer Crew Positions \_\_\_\_\_

(Staff Use)

Approved Yes \_\_\_\_\_ No \_\_\_\_\_ (reason) \_\_\_\_\_

Staff Check Out \_\_\_\_\_ Staff Check In \_\_\_\_\_

