

LOT# _____

LMU SCHOOL OF FILM TELEVISION
CAMERA SERVICES DEPARTMENT
310-338-2768

STAFF INITIALS _____

DATE _____

TIME _____

PRIORITY _____

PROD 200, 379 & 500 CAMERA RESERVATION FORM

NAME:	PICK UP DATE:
PROD. CLASS:	RETURN DATE:
STUDENT ID:	
PHONE:	

CAMERAS

___ CANON XF100

GENERAL ACCESSORIES

___ SLATE
___ GRAY CARD

TRIPOD SYSTEMS

___ BOGEN 501 / 504 HEAD & TRIPOD

NOTES: