



Reservation # _____

PHONE:
569-8785

FACILITY RESERVATION FORM

FAX:
569-8786

COMMUNITY MEDIA CENTER *of the North Bay*

Name (print) _____ Organization _____
 Producer (if other than above) _____ Telephone _____
 Project ID _____ Program Title _____
 Requested Date ___ / ___ / ___ Start Time: _____ Finish Time: _____

Digital Edit Suite (HD# _____) Sound Booth Animation Suite Dub Rack Conference / Dressing Room

Live Link Studio LIVE (From _____ to _____)

Qty	Equipment	Out	In	Qty	Equipment	Out	In
	Mic Lavalier				Digital Hi-8 Player		
	Ear Bud				CD Player		
	Mini Extension Cable				CDs:		

Main Studio LIVE (From _____ to _____)
 Studio Control Room

Qty	Equipment	Out	In	Qty	Equipment	Out	In
	Mic Lavalier				Floor Dir. Headset / Box		
	Mic SM57 (Instrument)				Studio Headphones		
	Mic SM58 (Vocal)				Wrench / Gloves		
	Mic Shotgun ()LT ()ST				Risers*		
	Mic Stand (Floor / Table)				Flats*:		
	Mic Stand Clip				Props*:		
	Cables XLR (_____ ft.)				Other:		

*Special Accommodations:

Completed STUDIO CREW SIGN-IN prior to your main studio shoot.

Feb. 2010

Completed STUDIO CLEANUP CHECKLIST when you're done.

- Please do not use old or damaged media in CMC equipment.
- Don't forget to set aside EXTRA TIME for set-up and clean-up of your main studio shoot.
- Make sure to talk to CMC staff BEFORE the DAY of your studio shoot if you need extra assistance.

I understand that I am not to change or alter any wiring configuration unless authorized by a CMC Staff person. Any additional equipment borrowed must be returned immediately following my session.

Reservation Signature _____ Today's Date ___ / ___ / ___