



Lake Champlain Access Television

Colchester • Milton • Georgia • Fairfax • Westford • South Hero • Grand Isle • North Hero

MINOR EQUIPMENT SIGN-OUT FORM

Name of Minor:

Daytime Phone:

Address:

Evening Phone:

Date:

Program Title:

Equipment Taken:

Date To Be Returned:

I hereby accept full responsibility for the equipment listed above, which will be used for the sole purpose of creating programming for LCATV. The minor will be the only person operating this equipment.

Parent/Guardian Name:

Photo Identification: _____ on file or Type/Number:

Parent/Guardian Signature:

Date:

I verify that all items listed above are in working order and taken by the above signed.

Staff Signature:

EQUIPMENT RETURN

Date/Time Returned:

Approx. Hours of Usage:

All of the equipment listed above has been returned in good order (hidden damage excepted).

Staff Signature: