



DATV Equipment Rental

Dracut Access Television
 91 Mill St. Suite 7
 Dracut, MA 01826
 Phone 978-957-5522 - Fax 978-957-4243

Date _____

REQUESTOR INFORMATION

Organization _____

Contact Person _____

Address _____

Phone _____ Fax _____

Email _____

RENTAL INFORMATION

Pick up time/date _____

Return time/date _____

Location of Event _____

Rental	Member	Non-Profit	Non Member
(Studio Equipment)			
Television Studio Only (2 hr. min)	\$30/hr	\$30/hr	\$50/hr
Studio and Control Room (2 hr. min)	\$75/hr	\$75/hr	\$125/hr
Digital Editing (2 hr. min.)	\$45/hr	\$45/hr	\$60/hr
Dubbing Rack	\$10/hr	\$10/hr	\$20/hr
(Portable Equipment)			
Digital Camcorder	\$100/day	\$100/day	\$120/day
Panasonic PV-GS320 Camcorder	\$50/day	\$50/day	\$60/day
Audio Equipment	\$20/day	\$20/day	\$30/day
Lighting	\$20/day	\$20/day	\$30/day
(Production Services)			
Studio Manager	\$20/hr		
Studio Director	\$40/hr		
Studio Crew	\$25/hr		
Editor	\$25/hr		
Field Camera Crew	\$40/hr		
Graphic Production	\$25/hr		

RENTAL AGREEMENT

- In consideration for the use of the television production equipment provided by Dracut Access Television, Inc., I hereby agree as follows:
- I have read and am thoroughly familiar with the contents of the DATV Policies and Regulations for all access users. I agree to exercise reasonable care in the use of the equipment and to keep the equipment in a safe place at all times. I understand that this includes keeping equipment away from extreme hot or extreme cold environments. I agree to pay the costs of any repair or replacement of equipment or materials resulting from the misuse, loss, theft or vandalism while the equipment is in my possession or control. I agree to return the equipment at the time stated
- This form also serves as an invoice. Payments should be made according to information on this form.
- Dracut Access Television is not liable for any injuries or damages that occur while equipment is in possession of the requesting organization.

Renters Signature _____ **Date** _____

FOR OFFICE USE ONLY **Request Approved** **Request Denied**

FORM OF PAYMENT **Cash** **Check #** _____ **Total Paid \$** _____

• **Make checks payable to: Dracut Access Television**

Equipment Pick-up and Return Location _____

Authorization Signature _____

Picked Up By: (Print) _____ (Signature) _____	Returned By: (Print) _____ (Signature) _____
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