

Camera Equipment Checkout Roster:

Date: _____

Instructor: _____

Academic year: _____

Course: _____

	First name	Last name	UofA Email	Phone #	Student ID #	Signature: (I have read and understand Journalism Department's equipment liability form)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						