

Name: _____

Clipping and Streaming Video Edit Log

Course #: _____

Date: _____

Phone: _____ E-mail _____ Department: _____

☐ Clipping (VHS)

-Check One-

☐ Streaming (Quicktime)

Call #	Title	Cue	Counter #	Audio Cue	Video Cue	Dates Needed
VHS 1		IN				FROM:
		OUT				TO:
VHS 2		IN				FROM:
		OUT				TO:
VHS 3		IN				FROM:
		OUT				TO:
VHS 4		IN				FROM:
		OUT				TO:
VHS 5		IN				FROM:
		OUT				TO:
VHS 6		IN				FROM:
		OUT				TO:

Name: _____

Clipping and Streaming Video Edit Log

Call #	Title	Cue	Counter #	Audio Cue	Video Cue	Dates Needed
VHS 7		IN				FROM:
		OUT				TO:
VHS 8		IN				FROM:
		OUT				TO:
VHS 9		IN				FROM:
		OUT				TO:
VHS 10		IN				FROM:
		OUT				TO:
VHS 11		IN				FROM:
		OUT				TO:
VHS 12		IN				FROM:
		OUT				TO:

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SIGNATURE: _____