

VIDEO TAPE LENDING LIBRARY REQUEST FORM

Print out and complete this form, enclose checks, and mail to address at the bottom.

Name: _____

Sponsoring Organization: _____ Membership #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone (day): _____ (evening): _____

E-Mail: _____

List videos requested (by title and number) in order of preference:

- | | | | |
|----|-------|---|-------|
| 1. | _____ | # | _____ |
| 2. | _____ | # | _____ |
| 3. | _____ | # | _____ |

Enclose two checks (1) \$5 rental fee per video = \$ _____

(2) \$10 deposit fee per video = \$ _____

You are responsible for return postage, and you agree to return videos promptly. In case of damage or loss, you assume responsibility for replacing the videos. Make checks payable to Area III AGEHR.

Signature: _____ Date: _____

Mail order form to:

Andy Siegel
995 Chestnut Grove Rd.
Dover, DE 19904
(302) 736-1741