

## VIDEOTAPE LENDING LIBRARY FORM

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

Name \_\_\_\_\_  
Sponsoring Organization \_\_\_\_\_ Membership # \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_  
E-mail \_\_\_\_\_

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

1. \_\_\_\_\_ # \_\_\_\_\_
2. \_\_\_\_\_ # \_\_\_\_\_
3. \_\_\_\_\_ # \_\_\_\_\_

2. 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.

Date \_\_\_\_\_  
Signature \_\_\_\_\_

Mail to:

C. Milton Rodgers III  
c/o Grace United Methodist Church  
9750 Wellington Road  
Manassas, VA 20110

Telephone: 703-361-7800, ext. 20.