



Adler GEMS® Resource Check Out Program

Borrower Information:

Name: _____

Primary e-mail address: _____

School/Organization: _____

School/Organization Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Alternate e-mail address: _____

Is your school a Chicago Public School? Yes No

What is your preferred method of contact? Home School

Would you like to receive periodic e-mails regarding Adler programs? Yes No

GEMS® Curriculum Guide Requested:

Title: _____

To be completed at time of Check-Out

Check Out Date: _____ Due Date: _____ Return Date: _____

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW

I have read and understood the guidelines for the Adler GEMS® Resource Check Out Program and agree to follow them. I am responsible for the careful use and transport of materials. I will return materials on the promised date and assume full financial responsibility for late fees, charges for damages, or loss of Museum property.

Borrower's Name _____

Borrower's Signature _____ Date _____

Submit this form to the Adler Planetarium Education Department:

E-mail to: learn@adlerplanetarium.org

Fax to: 312-322-9181

Mail to: Teacher Resources, Education Department

Adler Planetarium

1300 S. Lake Shore Drive

Chicago, IL 60605

Pick up will be arranged upon receipt. Check out period is 4 weeks.