

ADLER EDUCATION

Adler Discovery Kit 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

Kit Requested:

- | | |
|--|---|
| <input type="checkbox"/> Alien Exposé, 5-8 _____ | <input type="checkbox"/> Beyond the Solar System, 8-12 _____ |
| <input type="checkbox"/> Capturing Light in Our Community, 5-8 _____ | <input type="checkbox"/> GEMS Space Science Sequence, 3-5 A _____ |
| <input type="checkbox"/> GEMS Space Science Sequence, 3-5 B _____ | <input type="checkbox"/> GEMS Space Science Sequence, 6-8 A _____ |
| <input type="checkbox"/> GEMS Space Science Sequence, 6-8 B _____ | <input type="checkbox"/> Gravity and Black Holes, 5-8 _____ |
| <input type="checkbox"/> Gravity and Black Holes, 9-12 _____ | <input type="checkbox"/> LROC, 6-8 _____ |
| <input type="checkbox"/> Solar Energy, 4-7 _____ | <input type="checkbox"/> Sun-Earth Connection, 5-8 _____ |
| <input type="checkbox"/> Sun-Earth Connection, K-4 _____ | |

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 Discovery Kit 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 _____