

Adler Discovery Kit Check Out Program

Borrower Information:

Name: _____

School/Organization: _____

School/Organization Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number _____

School e-mail address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number _____

Home e-mail address: _____

What is your preferred method of contact? Home School

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

Kit Requested:

Alien Exposé 5-8

Gravity and Black Holes 5-8

Sun-Earth Connection K-4

Gravity and Black Holes 9-12

Sun-Earth Connection 5-8

Capturing Light in our Community 5-8

Rock-n-Sol 5-8

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 _____