

**NAME NATIONAL SLIDE/VIDEO LIBRARY
SLIDE/VIDEO LIBRARY RENTAL FORM**

CLUB RENTAL

Club Name and Charter Number _____

Member responsible for program rental (*please, no P.O. Box numbers*):

Name _____

Address _____

City/State/Zip _____

Home Telephone(_____) _____ Work Telephone(_____) _____

INDIVIDUAL RENTAL (*photocopy of current NAME membership card must be enclosed. Please, no P.O. Box numbers*):

Name _____

Address _____

City/State/Zip _____

Home Telephone(_____) _____ Work Telephone(_____) _____

DATES DESIRED (*Application must be received six (6) weeks prior to desired date*).

First choice date _____ Second choice date _____

SLIDE/VIDEO PROGRAM DESIRED (*order by program name and number*)

Slide Video DVD

First Choice _____

Second Choice _____

PLEASE ENCLOSE (*Make all checks payable to NAME.*)

1. Deposit check of \$25.00, for slides only. Deposit check refunded when program is returned in good condition within ten (10) days of rental date. \$1.00 fine is deducted from deposit for each day the program is late.
2. Separate check to cover the cost of mailing. (See Program Charges on Lending Code)
3. SASE for return deposit of deposit check.

Office Use Only
Date needed _____
Date sent _____
Date returned _____