



**NW ASSOCIATION  
FOR  
BLIND  
ATHLETES**

**Mailing Address:**  
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Vancouver, WA 98665-0009  
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311 W. Evergreen Blvd, Ste. 200  
Vancouver, WA 98660-3371  
**Toll Free:** 1-800-880-9837  
**Fax:** 1-800-880-9837

**Equipment Lending Library Form B**

- 1) Complete **sections 1 and 3 of this form (Form B).**
- 2) Send to Kirsten French at [kfrench@nwaba.org](mailto:kfrench@nwaba.org) or PO Box 65256 Vancouver, WA 98665 when completed

**Section 1:**

**Borrower Demographics:** Please complete this section

First Name:		Last Name:		
Agency/School:		Job Title:		
Address:		City:	State:	Zip:
Work Phone: ( )	Cell Phone: ( )	Email:		
Number of People Served:		Ages of People Served:		

**Section 2**

**Loaned Equipment:** *Filled out by NWABA staff*

Equipment	Quantity	Code

*For office use only*  
Borrower's Name \_\_\_\_\_ Approved \_\_\_\_\_ Due Date \_\_\_\_\_

**Section 3**

**Returned Equipment:** Please list equipment you are returning to the Northwest Association for Blind Athletes, the quantity, and any notes about the equipment, including any damages that occurred.

Loan Period:	Equipment Due Date:	
<b>Equipment</b>	<b>Quantity</b>	<b>Notes</b>

*For office use only*  
Borrower's Name \_\_\_\_\_ Approved: \_\_\_\_\_ Due Date: \_\_\_\_\_