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Physical Address: 703 Broadway St. Vancouver, WA 98660 Toll Free: 1-800-880-9837 Fax: 1-800-880-9837

Equipment Lending Library Form A

- 1) Complete sections 1, 2, and 4 of this form
- 2) Send to Kirsten French at <u>kfrench@nwaba.org</u> or PO Box 65265 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:	Email:		
Proposed Loan Period:	Number of People Served:			Ages of People Served:		

Section 2

Desired Equipment: Please complete this section listing the equipment, quantity, and a brief description of the purpose of the equipment you wish to borrow from the Northwest Association for Blind Athletes Equipment Lending Library.

Note: Equipment is available on a first come, first serve basis. We will do our best to provide all requested equipment.

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For office use only
Borrower's Name_____ Due Date_____

1 of 2

Section 3								
Borrowing Period and Loaned Equipment: Filled out by NWABA staff								
Loan Period:	Equipment	Equipment Due Date:						
Equipment	Quantity	Code	Note Any Damage	Returned				
Section 4								

Terms and Conditions: Please read and sign this section

The loan period is for the amount of time listed above, unless other arrangements have been made with the Northwest Association for Blind Athletes. A reminder email will be sent to you approximately one week prior to the due date for your equipment and a return mailing label will be provided in this email as well.

"I, the undersigned, confirm that I have read, understood, and agree to the Terms and Conditions of this loan."

By signing this document, you are agreeing to the Terms and Conditions of this loan. If the above listed equipment is not returned, you will be invoiced for payment.

Borrower's name (please print): Title:

Signature:

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

2 of 2

Date: