

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: _____

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 Beyond the Solar System, 8-12
Capturing Life in Our Community, 5-8 GEMS Space Science Sequence, 3-5 A
GEMS Space Science Sequence, 3-5 B GEMS Space Science Sequence, 6-8 A
GEMS Space Science Sequence, 6-8 B Gravity and Black Holes, 5-8
Gravity and Black Holes, 9-12 Rock-n-Sol, 5-8
Solar Energy, 4-7 Sun-Earth Connection, K-4
Sun-Earth Connection, 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 _____