



## LENDING LIBRARY AGREEMENT

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
TODAY'S DATE: \_\_\_\_\_  
DUE DATE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

Materials borrowed are due back within 30 days. SUNY conference tapes if lost, destroyed, or not returned will result in a **\$50.00** charge to the provider.

I \_\_\_\_\_ take responsibility for the following items that I have borrowed from the Sullivan County Child Care Council's Lending Library.

I have borrowed the following items:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Staff: Please initial when materials are borrowed and when they are returned in the spaces provided below.**

Date borrowed: \_\_\_\_\_ Date returned: \_\_\_\_\_

Staff signature \_\_\_\_\_