

LOAN REQUEST FORM

Organization Name _____

Organizer Name (if different from above) _____

Contact Phone or email (must provide one) _____

Signature _____

The above signee agrees to the terms and conditions listed below and assumes all responsibility for loss or damaged material. Any damages will incur a fee to be paid using the credit card information on file.

Museum Staff Use

Material to be checked out:

_____ B-1 Quartz

_____ B-4 Illinois Geology Kit

_____ B-2 Rocks & Minerals

_____ B-5 Fossils Through Time

_____ B-3 Illinois Rocks, Minerals & Fossils

Other Materials: _____

Date of Pickup _____

Return Due Date _____

Museum Authorization _____

(Credit card slip to be given at the return of all materials)

Credit Card Holder Information

Credit Card Number: _____ Exp. Date _____ CVC _____

Address _____



**LIZZADRO
MUSEUM**
OF LAPIDARY ART

Teaching boxes cannot be shipped. They must be picked up and returned to the Museum on the due date indicated below. Rental extensions are available ONLY if there is no waiting list for the item. A Credit Card Number will be kept on file during the duration of the rental period. The deposit will be returned barring any damage or loss of materials during the rental period. Your signature above verifies your agreement to return all materials in the same condition as received.

_____ B-1 Quartz

_____ B-4 Illinois Geology Kit

_____ B-2 Rocks & Minerals

_____ B-5 Fossils Through Time

_____ B-3 Illinois Rocks, Minerals & Fossils

Other Materials: _____

Date of Pickup _____

Return Due Date _____