



DAS Telescope Loan Application & Agreement

Description of Equipment Requested: _____

Requested Use Beginning: ____/____/____ (M/D/Year)

Name of Responsible Person: _____ Age: _____

Name of Scope User (if different): _____ Age: _____

DAS Membership Effective Date: ____/____ (Month/Year)

Address: _____

Phone: Day _____ Night _____ Cell: _____

Email: _____

TO BE FILLED OUT BY DAS SCOPE LOAN COORDINATOR:

Scope Training Completed: ____/____/____ (M/D/Y)

Approved Loan Start Date: ____/____/____

Approved Loan End Date: ____/____/____

\$100 Deposit Received: ____/____/____ Equipment Disbursed: ____/____/____

EQUIPMENT INCLUDED IN LOAN: _____

Coordinator: _____ Borrower: _____

Equipment Returned Date: ____/____/____ (M/D/Y)

\$100 Deposit Returned Date: ____/____/____ ___ Deposit not returned (see below)

EQUIPMENT RETURN CONDITION AND NOTES: _____

Coordinator: _____ Borrower: _____