



# RESERVATION REQUEST FORM

## CONTACT INFORMATION

Full Name

Title

Phone Number

Email

## SCHOOL INFORMATION

Name of School or Organization

School Address

Student Grade Level/Age

Number of Students Served

## RESERVATION INFORMATION

Resource Kit(s) Requested

Anticipated Borrow Date & Time

Anticipated Return Date & Time

Comments or Questions

*Local (Delaware County) organizations and schools have the option for kit(s) to be dropped to be off during Delaware SWCD business hours. Please indicate your preference.*

Office Pick-up

Delaware SWCD Drop-off