

LIBRARY COPY

INDIANA BLACKSMITHING ASSOCIATION, INC.

LIBRARY LOAN RECORD # _____

DATE LOANED: _____ BY WHOM: _____

TITLE OF LOAN: _____

BY: _____

VALUE OF LOAN (Replacement Cost plus \$5.00): _____

NAME OF BORROWER: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

TELEPHONE NUMBER: (____) _____ - _____ BEST TIME TO CALL: _____ AM PM

CHECK NUMBER: _____ AMOUNT: \$ _____ DATE: _____

I AGREE TO CARE FOR AND RETURN IN GOOD CONDITION THE ABOVE LOAN ON OR BEFORE THE RETURN DATE ABOVE UNLESS OTHER ARRANGEMENT ARE MADE. I UNDERSTAND THAT MY DEPOSIT WILL BE RETURNED AT THAT TIME.

BORROWER

LIBRARIAN

ON RETURN

DATE RETURNED: _____ CONDITION: _____

DEPOSIT RETURNED? YES NO

DEPOSIT RECEIVED: _____ DATE: _____

SIGNATURE OF RECEIVER

NOTES: