



Resource Library Check Out Form

Date: _____

Family Name: _____

Address: _____

Phone: _____

Email: _____

Resources Checked Out:

Acknowledgement of Responsibility

By checking out items from Bethany Christian Services' Resource Library, I accept responsibility for the items until returned to the office. I understand that items not returned in a timely manner, or damaged items will result in a fee for the full replacement of those items.

Signature: _____

Due Date (three weeks from checkout):