APPLICATION

FOR THE DURHAM SOIL AND WATER CONSERVATION DISTRICT LEARNING LIBRARY

Name:	
Address:	_
Phone:	
School/Organization:	
Position (teacher, camp counselor, etc.):	
I promise to return all borr books, magazines or videos that I check out fro Durham Soil and Water Conservation District's Learning Library in the same condition as I rece them. I also promise to return the books by the date.	m the

Signature:	Date	2:
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* Thank you for using the library and please tell others about it!