

# Archival Material Reservation Form

8 Mountain View Ave. Albany, NY 12205 518.489.8110



Contact Name: \_\_\_\_\_

Troop: \_\_\_\_\_

Address:

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Items Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event or Program Items Are Being Used For:

\_\_\_\_\_

Date Needed: *(Please allow seven business days lead time)*

\_\_\_\_\_

Anticipated Return Date:

\_\_\_\_\_

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*The Girl Scouts of Northeastern New York, Inc. lends the object(s) listed above to the borrower listed above under the following conditions:*

- *It is understood that the object(s) in this loan will remain in the condition received.*
- *All damages to the object(s) at any point in this loan will be reported to the Council immediately.*
- *The object(s) may not be loaned to a third party without the advance approval of the Council.*
- *The borrower agrees to use the loan only for the purposes stated on this form.*

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**Pick Up site:** *(Please Circle)*

Albany Service Center  
Queensbury Service Center  
Plattsburgh Service Center

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Return Site** *(Please Circle)*

Albany Service Center  
Queensbury Service Center  
Plattsburgh Service Center

*Verification that the object(s) was returned in the condition received*

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_