

LCFC DISABILITY SUPPORT ASSOCIATION

AUDIO HEADSET LOAN

INDIVIDUAL MATCH

NAME

ADDRESS.....
.....
.....
.....

SEAT NO.....

MATCH	TAKEN	RETURNED
1.		
2.		
3.		

I AGREE TO TAKE CARE OF SAID EQUIPMENT AND RETURN AFTER MATCH TO COLLECTION POINT(FAILURE TO ARRANGE SUITABLE RETURN MAY RESULT IN CHARGES FOR LOST HANDSETS)

SIGNED.....