

# LCFC DISABILITY SUPPORT ASSOCIATION

## AUDIO HEADSET LOAN (ST HOLDER)

**NAME** .....

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

SEAT NO.....

MATCH	TAKEN	RETURNED
1.		
2.		
3.		
4		
5		
6		
7		
8		
9		
10		

I AGREE TO TAKE CARE OF SAID EQUIPMENT AND RETURN AFTER MATCH TO  
COLLECTION POINT SIGNED.....