

RADAR NETWORK AUDIO-VISUAL RESOURCES LOAN AGREEMENT FORM

(Please print clearly)

NAME: _____

* AGENCY/PROGRM: _____

ADDRESS: _____

CITY: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

*If not affiliated with a state-funded agency or program, please list your sponsoring group, i.e. Regional Prevention Center, Treatment Program, Drug-Free School, etc.

The Kansas Department of Social and Rehabilitation Services/Addiction and Prevention Services provides funding for the RADAR (Regional Alcohol and Drug Awareness Resources) Network and Kansas Family Partnership activities.

The audio-visual free loan program is an important service for individuals, families, schools and community groups. We ask your help in continuing this service by agreeing to:

1. Return the videos by the due date shown on the User's Response Card
2. Use UPS, FedEx, or Certified/Registered Mail when returning videos
NOTE: IF A VIDEO IS LOST OR DAMAGED,
THE BORROWER IS RESPONSIBLE FOR REPLACEMENT.
3. Complete the User's Response Card

SIGNATURE: _____

SPONSORING AGENCY: _____
(if applicable)

RETURN TO: Kansas RADAR Distribution Center
c/o Kansas Family Partnership
5942 SW 29th St.
Topeka, KS 66614

OR, FAX TO: 785-266-6149

QUESTIONS? CALL: 785-266-6161 or 1-800-206-7231