

ROGUE FLYFISHERS

LENDING LIBRARY FORM

NAME _____ DATE _____

ADDRESS _____

PHONE# _____ CELL _____

ITEM(S) REQUESTED _____

Loan Period is for one month from RFF meeting till next meeting

As part of this loan agreement, I will honor the copyright privileges of the producers of these materials and will not make pirated copies for myself or others.

Signature _____

Curt Schlosser: Librarian 541-646-2722 Dick Chambers: Asst. Librarian 541-608-9686

ROGUE FLYFISHERS

LENDING LIBRARY FORM

NAME _____ DATE _____

ADDRESS _____

PHONE# _____ CELL _____

ITEM(S) REQUESTED _____

Loan Period is for one month from RFF meeting till next meeting

As part of this loan agreement, I will honor the copyright privileges of the producers of these materials and will not make pirated copies for myself or others.

Signature _____

Curt Schlosser: Librarian 541-646-2722 Dick Chambers: Asst. Librarian 541-608-9686