



BETTER CHOICES  
**better health**<sup>®</sup>  
GOOD&HEALTHY SOUTH DAKOTA COMMUNITIES

## iPad Check-Out Form

iPad Serial Number: \_\_\_\_\_

Check-Out Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

Return To: \_\_\_\_\_

### By signing below, you agree to the following:

This equipment has been loaned to support SDSU Extension activities – specifically for participation in a Better Choices, Better Health<sup>®</sup> SD (BCBH) workshop and is the property of the BCBH program. The equipment must be returned in the condition it was received. The equipment will be returned, undamaged, by the date noted or the requesting party will be billed to cover the cost of replacement.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Modes of Contact:

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

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

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