



BETTER CHOICES
better health[®]
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[®] 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: _____