Entered in computer by _____ on _____

GROUP STUDY RESERVATION REQUEST FORM

_____ _____/____/_____

Name Today's Date

_____ VHS DVD

Title of Materials **Circle One**

_____

Phone **Email**

Name of Life Group/small group involved

Tape/DVD Series#	Contents (Session #s)	Pickup Date	Gp Mtg Date	Return Date	Library Use Only: Barcode #
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		/	/	/	

Policy states DVDs cannot be renewed.
Please return media promptly so other groups can use the materials.
Thank you!

The Library @ Chase Oaks
972/997-4311
Anita Battista, Library Coordinator
thelibrary@chaseoaks.org