

SA WATER LIBRARY

RESOURCES BOOKING FORM

Name: _____

School: _____

Address: _____

Phone: _____ DECD Courier Round No: _____

Resource Title	Date required:

***Limit of 8 items per person**

I will be picking the resources up on _____ [date]

OR

I would like the resources posted to the above address

If you have not yet registered with the Library, please also fill in the online registration form.