WICHITA MOUNTAINS PREVENTION NETWORK APRC

Clearinghouse and Video Lending Library Request Form

(Please Print)

Date: _____

Your Name: _____ **Phone:** _____

Agency/ Organization: _____ **County:** _____

Primary Target Population Served (example—parents, elementary students, general population, self, etc.) _____

Please provide the following information about **yourself**: ____ Male ____ Female

Age: ____ 0 – 5 ____ 6 – 11 ____ 12 – 14 ____ 15 - 17
____ 18 – 20 ____ 21 – 24 ____ 25 – 64 ____ 65+

Ethnic Origin: ____ White ____ African American ____ Asian ____ Hispanic/Latino ____ American Indian ____ Other

Clearinghouse

Indicate Item # and Quantity desired. (Quantity is limited to 10 unless otherwise noted.)

Item #	Quantity	Item #	Quantity	Item #	Quantity

Video Loan

List video numbers in order of preference.