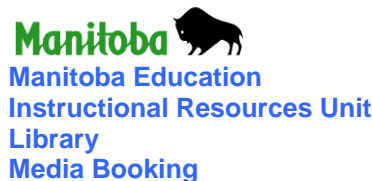


Video/DVD/ CD-ROM/Film Reservation Form

Main Floor, 1181 Portage Avenue
Winnipeg MB R3G 0T3
Telephone: (204) 945-7849
Toll Free: (800) 592-7330
FAX: (204) 945-8756
Email: irucirc@gov.mb.ca
Online Catalogue:
<http://library.edu.gov.mb.ca>
Web Site: <http://www.edu.gov.mb.ca/k12/iru>



Patron Information (please print)

_____ Patron Number _____
Date _____

_____ Name _____

_____ School Division Name _____

_____ School/Organization _____

_____ Address _____

_____ City/Town _____ Postal Code _____

_____ email _____ (204) _____ Fax Number _____

_____ Signature _____ (204) _____ Phone Number _____

Your name and patron number *must* be provided. If you are not registered with the Library, please include your home address, home telephone number and your teaching certificate number. This information is strictly for internal use and will remain confidential.

BOOKING SCHEDULE:

The booking schedule is based on a two-term schedule. Beginning in August resources may be booked for use up to the end of January. Beginning in December resources may be booked for the remainder of the school year.

Indicate delivery method: (check one)

- School Division Courier
- Mail
- Personal Pickup

	Booking Number	Title (one per line)	Date Requested (5 day loan period)	If unavailable, book first available date. (Y/N)
1.	<input type="text"/>	_____	_____	<input type="checkbox"/>
2.	<input type="text"/>	_____	_____	<input type="checkbox"/>
3.	<input type="text"/>	_____	_____	<input type="checkbox"/>
4.	<input type="text"/>	_____	_____	<input type="checkbox"/>
5.	<input type="text"/>	_____	_____	<input type="checkbox"/>
6.	<input type="text"/>	_____	_____	<input type="checkbox"/>
7.	<input type="text"/>	_____	_____	<input type="checkbox"/>
8.	<input type="text"/>	_____	_____	<input type="checkbox"/>

Please copy this form as required.