

Request Form for Dolt4URLungs Kit

Organization Name:
Contact Person Name:
Contact Person Title:
Contact Person Email:
Contact Person Phone:
We would like to borrow: \Box 1 \Box 2 \Box 3 Dolt4URLungs Kit(s) (Please remember each kit can handle 8 – 10 participants)
Dates we would like to borrow the kits for: (Kits can stay on loan for a two-week period)
First choice:
Second choice:
Third choice:
Please describe the project you are requesting the kits for (if needed, please attach an additional sheet):
Objectives of Proposed Project (if needed, please attach an additional sheet):
Proposed Project's Target Market(s):
Projected Attendance/People Reached:

Address(es) where kits will be used (<i>LI-ARC will reach out to make delivery or pick-up arrangements</i>):		
If you borrow kits, LI-ARC requires acknowled	dgement on any promotional materials	
How else can LI-ARC be involved?		
Signature of Applicant	Date	
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Print Name	·	

Please send completed application by email, or for more information, contact Shari Santoriello, Program Coordinator, LI-ARC at rarccoordinator@hugsinc.org or by traditional mail to, LI-ARC, 108C Mill Road, Westhampton Beach, NY, 11978. Feel free to reach out by phone at 631.288.9505.





