

**SEATTLE ASTRONOMICAL SOCIETY
EQUIPMENT TRANSFER FORM
ASTROSCAN TELESCOPE**

The equipment listed below has been transferred to the following individual.

Name: _____

Address: _____

Home Phone: _____ **Cell/Alternate Phone:** _____

Check Item# Description

- _____ 1 Astroscan Telescope
- _____ 2 White Telescope Mount
- _____ 3 Finger bolt to secure telescope to mount for travel
- _____ 4 Manual
- _____ 5 Eyepiece with black cover
- _____ 6 Black telescope cover
- _____ 7 Finder scope with box
- _____ 8 Red telescope bag

Please note any discrepancies or damages found so a repair can be planned.

Item# Description of discrepancy or damage

I, the undersigned individual, accept full responsibility for all for the above equipment. I understand that it is on loan to me for a period of 4 weeks, and that the equipment is the property of the Seattle Astronomical Society (SAS). I agree that I will not alter or modify the equipment in any way. I agree not to further loan the equipment to anyone else. I agree not to take the equipment outside the state of Washington without written permission of either the SAS Equipment Manager or an SAS board member.

Signed: _____ Date: _____

Person giving up equipment is responsible for mailing this form the the SAS Equipment Manager. See the Volunteer List on our website.