

Dear Potential Cardholder:

You have expressed an interest in becoming a registered patron/user of the Ehrlo Sport Venture Library, a free sports equipment library operated by Ehrlo Community Services Sport Venture Program. In order to become a cardholder please read the following information and complete the attached Patron Information Form and return it to the address listed at the top of the page.

In order to obtain lending privileges we require your:

- Name
- Address
- Phone number
- School and grade (if applicable)
- Parent/guardian name and contact information (if under 18 years of age),
- Your signature

When you bring in your application you will also be asked to present one piece of identification to verify your identity (i.e. Saskatchewan Health Card, birth certificate, Treaty Card, etc.).

Once your request is approved you will be placed on a list of registered library patrons/users which will allow you to borrow items from the Sport Venture Library as long as your account remains in good standing. Individual cardholders are responsible for returning borrowed items on time and in the same condition in which they were lent out; failure to do so may result in the loss of borrowing privileges and/or may potentially impact your ability to participate in Ehrlo's free, recreational Sports Leagues (i.e. Outdoor Hockey League, Ehrlo Basketball, Ehrlo Soccer and Monday Night Football).

A three month waiting period will result the first and second time that you fail to bring items back on time or fail to return them at all. The third time you fail to bring back borrowed items your borrowing privileges will be revoked permanently.

If you have any questions about this process please contact Sport Venture at 751-2411.



2730 – 5th Avenue ° Regina, SK ° phone 751-2411 ° fax 751-2410

PATRON INFORMATION

Name: _____

Address: _____

Phone: _____

e-mail: _____

School and Grade (if applicable): _____

Identification Presented (type): _____

----- *Please complete if applicant is under the age of 18* -----

Parent/Guardian Name: _____

Address (if different from above): _____

Phone (if different from above): _____

e-mail: _____

Cardholder Signature

Parent/Guardian Signature
if cardholder is under 18 years of age

Hours of Operation: Monday through Friday ° 1:00 – 5:00pm