

## **Registration Form**

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Organization	າ							
Address								
St	reet							
Ci	ity			Province		Po	stal Code	
E-mail				Phone				
Type of Orga	anization	Professiona	al,Community,Sch	nool				
Contact Nan	ne							
Authorized E	3orrowers _							
	_							
I hereby accept responsibility for the care, use and return of Orchestra Collection materials in accordance with the lending terms and conditions. I understand that failure to comply will result in loss of borrowing privileges. I further understand that the loan of copyrighted material does not imply that performance rights have been granted.								
Signature				Signati	Signature			
Print Name				Print Name				
Address				Address				
City	Provi	nce	Postal Code	City		Province	Postal Code	
Phone				Phone				
Date (mm/dd/yyyy)								
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