

## **Stream Table Rental Agreement**

Name of School/ <u>Org:</u>	
Address:	
School/Org Phone Number:	E-mail:
Teacher in charge:	
Grade(s):	Number of students:
Teacher's after hours contact phone number:	
Dates:	_ to
Transport by:	
• If parts are lost or if the stream table is damage the damage.	ed, the borrower will replace the lost parts or repair
every two days into the tub of water, replace th	s directed. Suggested guidelines - 1 cap of bleach he water in the tub once a week, more frequently if ixed with the water in the tub is sufficient. Unplug tarp when closed if necessary.
	for use of the stream table is to help offset the cost nt. Any school that cannot afford this can request a
· · · · · · · · · · · · · · · · · · ·	or parent night to feature the stream table and what led by the teacher or students, or outside groups.
Signature of Borrower	

Please send this completed form by mail or email to Sullivan County's Education and Outreach Specialist.

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