

Telescope Check-Out Program



EQUIPMENT LOAN AGREEMENT

Meade ETX-LS (Light Switch) Autostar Telescope

To be completed prior to check-out:

The **Nebraska BLAST!** program, agrees, for the benefit of Nebraska STEM education programming, to loan the Meade ETX-LS (Light Switch) Autostar Telescope to:

School District Name: _____

District Address: _____

District Phone: _____

The school district is responsible for returning the aforementioned equipment in working condition, and agrees to assume all risk of loss and damage, as well as all risk of injury, from the use of said equipment. If lost or damaged, the Lendee agrees to reimburse Nebraska BLAST! for the total value required to repair or replace said equipment.

Authorized District Representative: _____ **Date:** ____ / ____ / ____

To be completed at time of check-out:

Telescope Check List

Pre-Loan	Post-Loan
<input type="checkbox"/> 6.4mm Eyepiece	<input type="checkbox"/> 6.4mm Eyepiece
<input type="checkbox"/> 9.7mm Eyepiece	<input type="checkbox"/> 9.7mm Eyepiece
<input type="checkbox"/> 12.4mm Eyepiece	<input type="checkbox"/> 12.4mm Eyepiece
<input type="checkbox"/> 15mm Eyepiece	<input type="checkbox"/> 15mm Eyepiece
<input type="checkbox"/> 26mm Eyepiece	<input type="checkbox"/> 26mm Eyepiece
<input type="checkbox"/> 32mm Eyepiece	<input type="checkbox"/> 32mm Eyepiece
<input type="checkbox"/> 40mm Eyepiece	<input type="checkbox"/> 40mm Eyepiece
<input type="checkbox"/> Barlow Lens	<input type="checkbox"/> Barlow Lens
<input type="checkbox"/> Flashlight / External Battery	<input type="checkbox"/> Flashlight / External Battery
<input type="checkbox"/> Battery Charger	<input type="checkbox"/> Battery Charger
<input type="checkbox"/> CCD Dust Cap	<input type="checkbox"/> CCD Dust Cap
<input type="checkbox"/> Color Filter Set	<input type="checkbox"/> Color Filter Set
<input type="checkbox"/> Eyepiece Bottles for each eyepiece	<input type="checkbox"/> Eyepiece Bottles for each eyepiece
<input type="checkbox"/> Eyepiece Case (if applicable)	<input type="checkbox"/> Eyepiece Case (if applicable)
<input type="checkbox"/> Eyepiece Cup	<input type="checkbox"/> Eyepiece Cup
<input type="checkbox"/> Eyepiece Diagonal	<input type="checkbox"/> Eyepiece Diagonal

<ul style="list-style-type: none"> o Eyepiece Holder (8" telescope only) o Hand Control and Storage Bag o Light Switch Telescope o Mount (Tripod and Spreader) o Neutral Density Filter o Power Cable (12 volt) o Quick Start Guide o (Red Dot) Finder Scope o Telescope Case o Telescope Dust Cap 	<ul style="list-style-type: none"> o Eyepiece Holder (8" telescope only) o Hand Control and Storage Bag o Light Switch Telescope o Mount (Tripod and Spreader) o Neutral Density Filter o Power Cable (12 volt) o Quick Start Guide o (Red Dot) Finder Scope o Telescope Case o Telescope Dust Cap
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Equipment will be loaned for the period of:
Month _____ **Day** _____ **Year** _____ **to** **Month** _____ **Day** _____ **Year** _____

School district representative has viewed the telescope instructional video, has attended a Cosmic Connections Nebraska BLAST! workshop or its equivalent, and understands the assembly, use, and care of this equipment.

Signature of School District Representative: _____

Signature of Nebraska BLAST! Representative: _____

Return completed form with all required signatures to
 Kim Larson
 21st Century Community Learning Centers Program
 Nebraska Department of Education
 301 Centennial Mall South, Box 4987
 Lincoln, NE 68509-4987
 Or pdf and email to kim.larson@nebraska.gov