

Kulanu Rental Program
Reservation and Deposit Slip

124 McGlynn Place
Cedarhurst, NY 11516

Phone: 516-569-3083 ext. 106 Email: Carrie@kulanukids.org Fax: 516-374-1185

Name: _____ Phone: _____
Address: _____ Cell phone: _____
City/State/Zip _____ Email: _____

Date of Event: _____

Date/Time of Pickup: _____

Date/Time of Return: _____

Siddur: \$2.00 per book:

Yitzchak Yair Weekday Siddur (Heb) Qty: _____

Shabbos Siddur/Chumash (Heb) Qty: _____

Koren Chumash (Heb/Eng) Qty: _____

Koren Siddur (Heb/Eng) Qty: _____

Prices per Shabbos:

Sefer Torah \$250: _____ Aron (circle one): \$100 – small \$250 – large

We would like to make an additional donation of \$_____ in honor of our *simcha*

Total: \$_____

Please make checks out to Kulanu

Deposit received (10% mandatory): Cash, Check, \$_____

Credit Card # _____ Exp. Date: ____/____ CVV: _____

Balance Due (on return): \$_____

Rental Terms Agreed to by: _____ (Signature)

1. Books must be picked up between 8:30am and 4:00pm Monday-Thursday or between 8:30am and noon on Friday. Rentals must be returned by the following Tuesday or a late fee will be imposed for \$100/day
2. Books will be counted upon return
3. The fee for lost books is \$15 per book

For Office Use Only

Date Returned: _____ Quantity Returned: _____

Condition of Return:

Repair fee: _____ Replacement fee: _____ Total Due: _____ Ck# _____

Received by: _____