



## Autism Spectrum Disorder Awareness Kit Request Form

The \_\_\_\_\_ (circle one: parent/organization/school) is requesting the Autism Spectrum Disorder Awareness Kit for \_\_\_\_\_ days (include pick-up and drop-off days) in order to service \_\_\_\_\_ (describe audience or family) and approximately \_\_\_\_\_ (number) people. The ASOC recommends planning at least 30 minutes for an awareness lecture. If the kit is being used as an intervention tool for a family, the kit should stay with the family at least one full day.

The following dates are your first and second choice periods of time to borrow the kit.

### **First Choice Time Period**

From: \_\_\_\_\_ To: \_\_\_\_\_

### **Second Choice Time Period**

From: \_\_\_\_\_ To: \_\_\_\_\_

The following person(s) has been identified as the person responsible for returning the kit on time with all of the contents. (Please print)

- Name(s): \_\_\_\_\_
- Mailing Address(s): \_\_\_\_\_
- Phone number(s): \_\_\_\_\_
- E-mail(s): \_\_\_\_\_

\_\_\_\_\_ agrees to transport the Autism Spectrum Disorder Kit. It may be picked up at the home of Barbara Brennan in Rochester Hills, MI 48307 as arranged by Barbara Brennan. The borrower also agrees to return the kit to the same location. Barbara Brennan, ASOC President and the Autism Spectrum Disorder Awareness Kit Coordinator, will coordinate the pick up and drop off dates and times. Barbara's phone number is 248-225-4654.

The ASOC will provide:

- The ASD Awareness kit contents. It is the responsibility of the borrowing person/organization/ school to return the kit undamaged and complete. **Any missing or broken items will be replaced and/or repaired at the borrower's expense. The borrower realizes that the total content of the kit is valued at over \$1,000.00.** A complete inventory of the kit will occur upon return to Barbara Brennan.
- A manual describing in detail how to conduct each lecture. The manual also details other valuable information for extensions to the lecture.
- Barbara Brennan will be available for technical assistance at 248-225-4654 or [asocmi@gmail.com](mailto:asocmi@gmail.com).

The ASOC is not responsible for any injury resulting from the transportation or use of the Autism Spectrum Disorder Awareness kit.

\_\_\_\_\_ agrees to all of the above conditions.  
(Signature of parent/ authorized organization representative/ authorized school representative)

Parent or Authorized Representative's Contact Information  
**Please Print**

- Name: \_\_\_\_\_
- Title: \_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_
- Phone number: \_\_\_\_\_
- Email: \_\_\_\_\_

Please email both pages of this form to Barbara Brennan at [asocmi@gmail.com](mailto:asocmi@gmail.com) or mail the form to Barbara Brennan P.O. Box 70207, Rochester Hills, MI 48307. You will receive a written approval with date confirmation once your application has been received and reviewed.