U.S. NATIONAL ARBORETUM
REQUEST for USE of ARBORETUM FACILITIES
APPLICATION and AGREEMENT

One Request Per Sheet, Please Print.

Contact Name:_____Date:_____

Organization Name:_____

Mailing Address:_____

Telephone: Home_____Work_____Cell_____

Email Address: _____

Requested Date:_____Purpose:_____

_____

Set up time: From _____To_____ Actual program/event time: From _____To_____

Break down and clean-up time: From _____To_____ Total # Hours _____

Estimated Attendance: _____

Indoor Facilities Requested:

_____Administration Building Auditorium
_____Administration Building Classroom
_____Administration Building Lobby
_____Other (specify)_____

Outdoor Facilities Requested:

_____East Terrace
_____North Terrace
_____Flowering Tree Walk Tent Site
_____Meadow Tent Site
_____Other (specify)_____

1. Is this a fundraising event? No_____ Yes_____ If yes, explain how funds will be raised:_____

   _____

2. Will there be an attendance / registration or donation fee collected on site? No_____ Yes_____
3. Will there be a sale or auction of products or services? No_____ Yes (specify)_____

   _____

4. Will food be served? No_____ Yes_____
5. Will caterers be used? No _____ Yes_____ If yes, vendor name_____
6. Is your vendor licensed and insured? No_____ Yes_____ License umber_____

7. Will vendors be used to provide equipment for the event? No_____ Yes_____

   If yes, vendor name_____

8. Is your vendor licensed and insured? No_____ Yes_____ License umber_____

9. Will permission be requested to serve beer &wine? No_____ Yes_____

I request to use the facilities indicated for the period and purposes indicated. I understand the use of these facilities is subject to all rules and regulations listed in "The Code of Federal Regulations" (CFR) #7 CFR Part 500 and attached Facility Use Guidelines. The Facilities I have requested may be needed by the Department of Agriculture or the USNA; in this event, my organization may be asked to change the program date(s) and/or location(s).

_____

Signature of Applicant Date

Submit Form Electronically

FOR OFFICE USE ONLY

Recommended Approval: Yes_____ No_____ If no, reason_____

Signature _____Title _____Date _____

Signature _____Title _____Date _____
Administration

Confirmation sent on: _____Date:_____

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0518-0024. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information

OMB Control Number 0518-0024

Form Updated 10/23/13