

U.S. Department of Agriculture, Agricultural Research Service

U.S. National Arboretum

3501 New York Avenue, NE, Washington, DC 20002

Phone: (202) 245-2726

www.usna.usda.gov

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

1. Organization: _____

2. Mailing Address: _____

3. Telephone: _____

4. Organization Representative: _____

5. Telephone: Home _____ Work _____ Cell: _____ Fax: _____

6. Email Address: _____

Permission is requested to use the facilities indicated below for the period and purposes indicated. It is understood that the use of these facilities is subject to the attached rules and regulations and the instructions stated below. I also understand that on rare occasions the facility may be needed by the Department of Agriculture or the National Arboretum for their use; in which case my organization may be asked to change its meeting dates.

7. Program Date _____

a. **Event Set Up Time: Site Rental Time:** From _____ To _____

b. **Time(s) Event will be open to the public:** From _____ To _____

c. **Event Break-Down & Clean Up Time:** From _____ To _____

d. **Estimated Attendance** _____

8. Facilities Requested: Indoor:

_____ Auditorium

_____ Kitchen

_____ Lobby

_____ Conference Room

_____ Classroom*

_____ Other: Specify: _____

Outdoor:

_____ Patio (Main Building)

_____ Patio (Arbor House)

_____ Outdoor Tent

_____ Other: _____

From _____ To _____

* All visitors attending any function held in the classroom must register at the Administration Building front desk for a visitor pass and state their country of citizenship.

9. Relation of the event to Arboretum Mission

The National Arboretum was established by Act of Congress in 1927. The mission of the National Arboretum is to conduct research and education related to trees and other plant life for the purpose of enhancing and improving man's living and working environment.

10. Is this a fund raising event? Yes (specify and explain) _____ No _____

11. Will there be an attendance fee charged for this event? Yes ___ No ___ if yes please list fee amount: _____

Will there be any Sale/Auction of products/services? Yes (specify) _____ No _____

12. Will the event require vendor services (e.g. catering, tents, tables, chairs, lighting, staging, audio-visual equipment)? ___Yes * ___No

If yes, please provide all vendor companies, contact information and phone numbers on the attached vendor sheet.*)

(* Please refer to the Arboretum's approved vendors list and submit a USNA Vendor Contact List

13. Will permission be requested to serve alcoholic beverages? Yes _____ No _____

Signature of applicant _____ Date _____

FOR OFFICE USE ONLY			
Recommended Approval	Yes ___ No ___	Reason _____	Date _____
Signature _____		Title _____	Date _____
Department/Agency _____			
Signature _____		Title _____	Date _____

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U.S. NATIONAL ARBORETUM

REQUEST for USE of ARBORETUM FACILITIES
APPLICATION and AGREEMENT
VENDOR CONTACT LIST

PLEASE NOTE: All organizations and individuals holding events on the grounds of the U.S. National Arboretum are required to use vendors that are approved by the U.S. National Arboretum. A list of approved vendors is attached for your reference.

The vendor contact list must be completed and submitted to the Special Events office no less than 14 calendar days prior to the event date. Failure to provide this information may result in the cancellation of the event and forfeiture of the event deposit.

1. Organization: _____

2. Mailing Address: _____

3. Telephone: _____

4. Organization Representative: _____

5. Telephone: Home _____ Work _____ Fax _____

Vendor Contact Information

1. Caterer _____

Mailing Address: _____

Telephone: _____

Organization Representative: _____

Date and time of delivery: _____

2. Tent: _____

Mailing Address: _____

Telephone: _____

Organization Representative: _____

Date and time of delivery/set-up: _____

Date and time tent will be disassembled and removed: _____

3. Tables/ chairs: _____

Mailing Address: _____

Telephone: _____

Organization Representative: _____

Date and time of delivery/set-up: _____

Date and time tables and chairs will be removed: _____

Vendor Contact Information
Page Two

4. Audio-Visual: _____

Mailing Address: _____

Telephone: _____

Organization Representative: _____

Date and time of delivery: _____

5. Portable toilets: _____

Mailing Address: _____

Telephone: _____

Organization Representative: _____

Date and time of delivery/set-up: _____

Date and time portable toilets will be removed: _____

6. Lighting: _____

Mailing Address: _____

Telephone: _____

Organization Representative: _____

Date and time of delivery/set-up: _____

Date and time equipment will be removed: _____

7. Additional Vendors: _____

Mailing Address: _____

Telephone: _____

Organization Representative: _____

Date and time of delivery/set-up: _____

Date and time equipment will be removed: _____

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