



**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? Yes _____ No _____
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 number _____
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).

Signature of Applicant

Date

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