



**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).*

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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*