

EAT SMART. PLAY HARD.™

POWER PANTHER™ COSTUME REQUEST AND AGREEMENT FORM

There is a 2-day limit on costume loans

Complete the following and send by e-mail or fax to your regional representative.

Contact Person: _____ Title: _____

Department: _____ Agency: _____ Program: _____

Address: _____ Suite/Room: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Fax: _____ Email: _____

ABOUT YOUR AGENCY

USDA nutrition assistance program(s) you administer:

- NONE
- School Meals (NSLP/SBP)
- Supplemental Nutrition Assistance Program (Food Stamp Program)
- Women, Infants and Children (WIC)
- WIC Farmers Market
- Food Distribution Program on Indian Reservations (FDPIR)
- Child and Adult Care Food Program (CACFP)
- Summer Food Service Program (SFSP)
- The Emergency Food Assistance Program (TEFAP)
- Commodity Supplemental Food Program (CSFP)
- Other (specify) _____

Type of requesting agency (check only one):

- FNS Region
- State Agency
- Local Agency
- County
- Other (specify) _____

ABOUT THE EVENT

What do you want to achieve by involving Power Panther™ in your event?

Event Date _____

Event Location (City, State, Zip) _____

Type of Event:

- School-based
- Community-based
- Game or Sports Event
- Food Store
- Health Parade/Walk/Hike/Race
- Celebrations
- Other (specify) _____

Event Sponsor/Host (e.g., WIC Clinic) _____

Target Audience (Age/Grade level) _____ **Participation Estimate** (Number expected) _____

Key Activities:

- Nutrition Education
- Physical Activity
- Health Screenings
- Food Tasting
- Computer Lab
- Other (specify) _____

CERTIFICATION

I, _____, have read the Guidelines for Power Panther™ and His Helper and agree to use the Power Panther™ costume in accordance with the criteria and only for promoting healthy eating, physical activity, and USDA nutrition assistance programs. I accept full liability for injury to persons or property connected with the use of the costume. I have read all the material provided, agree to the terms and conditions stated. I will return the costume on the date required and in the condition which it was received. I will not photograph Power Panther™ with food brands or other industry mascots.

Signature of Agency Representative _____ **Title** _____ **Date** _____

For FNS Use Only

Request is from an agency that operates a FNS program. YES NO

Education activities are included as part of this event. YES NO

Is this request for more than 2 days use? YES NO

Approved Disapproved

Approving Official:

Name	Title	Date
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Check your location:

HQ NERO MARO SERO SWRO MWRO MPRO WRO

Mid-Atlantic Regional Office

Public Affairs Office
300 Corporate Blvd.
Robbinsville, NJ 08691
Ph: 609-259-5026
Fax: 609-259-5011
States: DE, DC, MD, NJ, PA, PR, VA, VI, WV

Southeast Regional Office

Public Affairs Office
61 Forsyth Street, SW, Room 8T36
Atlanta, GA 30303-3427
Ph: 404-562-1811
Fax: 404-527-4502
States: AL, FL, GA, KY, MS, NC, SC, TN

Midwest Regional Office

Special Nutrition Programs
77 W. Jackson Blvd., Suite 2000
Chicago, IL 60604
Ph: 312-353-1902
Fax: 312-353-1706
States: IN, OH, MI, WI, IL, MN

Southwest Regional Office

Special Nutrition Programs
1100 Commerce Street, Room 522
Dallas, TX 75242
Ph: 214-290-9800
Fax: 214-767-5522
States: AR, LA, NM, OK, TX

Mountain Plains Regional Office

Public Affairs Office
1244 Speer Blvd., Suite 903
Denver, CO 80204
Ph: 303-844-0313
Fax: 303-844-6203
States: CO, IA, KS, MO, MT, NE, ND, SD, UT, WY

Western Regional Office

Public Affairs Office
90 Seventh Street, Suite 10-100
San Francisco, CA 94103
Ph: 415-705-1311
Fax: 415-705-1364
Email: wro-pa@fns.usda.gov
States: AK, AZ, CA, HI, ID, NV, OR, WA

Northeast Regional Office

Public Affairs Office
10 Causeway Street, Room 501
Boston, MA 02222
Ph: 617-565-5300
Fax: 617-565-6473
States: CT, MA, ME, NH, NY, RI, VT

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