OMB No. 0518-0024

Expiration Date xx/xx/xxxx

**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: Outdoor Facilities Requested:

 Administration Building Auditorium East Terrace

 Administration Building Classroom North Terrace

 Administration Building Lobby Flowering Tree Walk Tent Site

 Other (specify) 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

1. Is your vendor licensed and insured? No Yes License umber
2. 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:

Form Updated 11/6/24

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.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the following address: U.S. Department of Agriculture, Agricultural Research Service, Research, Education, Economics, Administrative Financial Management, Information Technology Services Division, 5601 Sunnyside Ave., Beltsville, MD 20705, ATTN: PRA (0584-0024). Do not return the completed form to this address.

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**AUDITORIUM**

RM #119

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