



**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? 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_____
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) 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

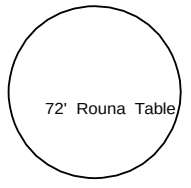
Confirmation sent on: _____ Date: _____

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.



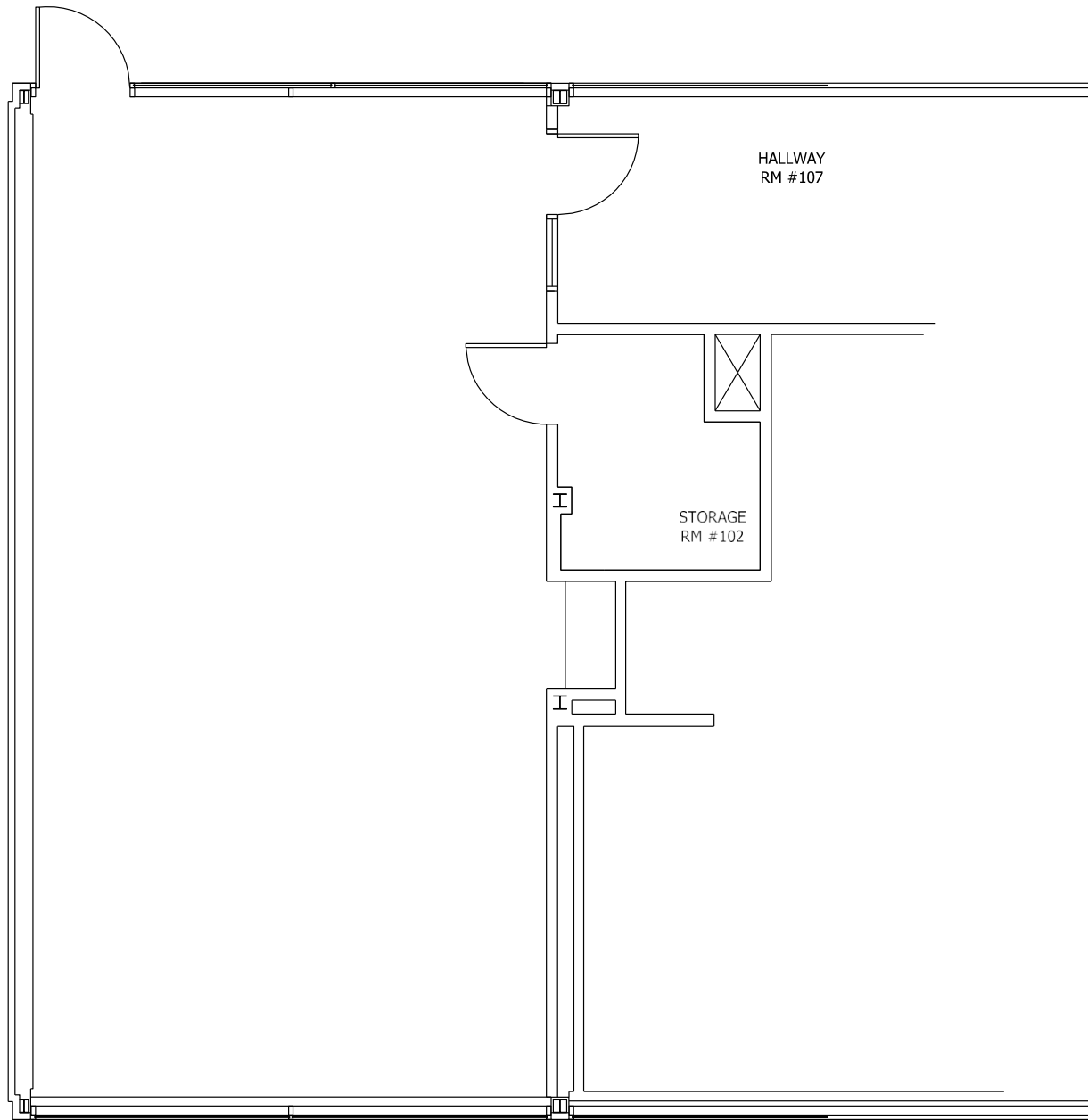
72' x 18'
Rectangle Table



72' Round Table

72' x 30'
Rectangle Table

AUDITORIUM
RM #119



HALLWAY
RM #107

STORAGE
RM #102

CONFERENCE
RM #101

Rectangle Table
72" x 24"