

FRUIT & VEGETABLE COSTUME AND EXHIBIT REQUEST APPLICATION

Please supply the following information to request the fruit and vegetable costumes and/or 5 A Day exhibits. Submit your request 4-6 weeks prior to the requested date to ensure availability and allow time for processing the application request and arranging delivery of the costume(s) and/or exhibit(s).

Note: During peak demand periods, time restrictions may be placed on the use of costumes and exhibits. The number of costumes requested may also be limited.

Please e-mail this form to Christine Sasse at Christine.mcknelly@arkansas.gov or mail to Arkansas Department of Health, Chronic Disease Prevention and Control Branch, 4815 West Markham Street, Slot 6, Little Rock, Arkansas 72205.

Name of Individual Making Request: _____

Check (✓) one

ADH Employee

5 A Day Coalition Member

Individual/Organization (other than above) please name organization if checked:

Telephone _____

Fax _____

E-mail _____

Costume Request - (place a check (✓) on the line beside your selection)

Apple Costume (includes hat)

Banana Costume

Carrot Costume

Peach Costume (includes hat)

Tomato Costume

Watermelon Costume

Title of activity or describe: _____

**Date requested item(s) to be picked up from ADH: _____

**Date requested item(s) to be returned to ADH: _____

**Arrangements for pick-up and return must be made in advance.

For Administrative Use Only

The items(s) you requested are:

_____ Available

_____ Unavailable

If available, you must arrange delivery of all items by the agreed dates.

If an organization outside of ADH is requesting costumes. The requestor will also receive a Memorandum of Understanding (MOU) to sign and return by fax or mail to ADH as soon as possible.

Date Request Received : _____

Date confirmation and/or MOU Sent: _____

**MEMORANDUM OF UNDERSTANDING
PLEASE READ CAREFULLY**

** Please pick-up and return costumes and exhibits to Department of Health's Central Office, 4815 W. Markham St. 2nd Floor, Room 234

The costumes and exhibits are the property of the Arkansas Department of Health , 5 A Day Program. The costumes and/or exhibits are on loan contingent upon agreement to the following:

1. _____ is to be held liable if costumes and/or exhibits are damaged because of negligence, misuse, or loss etc. while in their possession. We expect costumes to be returned in the same order in which we loan them (each piece of its costume and exhibit).

2. To make appropriate arrangements to pick-up and return the costumes and/or exhibits to the Arkansas Department of Health by the date agreed upon at the bottom of the request form.

**Arkansas Department of Health,
Chronic Disease Prevention and
Control Branch**

Responsible Party

By: _____

By: _____
Signature of responsible person

Date: _____

Name (Print)

Title

Affiliation

Date: _____