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
<table>
<thead>
<tr>
<th>Title of activity or describe:</th>
<th>.................................................................</th>
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</thead>
</table>

**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.**

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<table>
<thead>
<tr>
<th>For Administrative Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>The items(s) you requested are:</td>
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</table>

  ____ 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.

<table>
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<tr>
<th>Date Request Received:</th>
<th>.................................................................</th>
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| 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

By: __________________________
Date: _________________________

Responsible Party

By: __________________________
Signature of responsible person

______________________________
Name (Print)

______________________________
Title

______________________________
Affiliation

Date: _________________________