



All event clients utilizing live flowers and/or plants must complete the following steps prior to your scheduled event:

1. Complete and return this form to the museum at least thirty days (30) prior to the event date.
2. Provide the Florist Regulations document you received with your contract to your florist of choice for submission (from the florist) to the Museum at least two (2) weeks prior to the event date.
3. You will receive written confirmation when all documents have been received and approved.

I am aware, understand and agree to abide by the flower and plant policies of the Sam Noble Museum located in sections VII and VIII of the Facility Rental Policy. Disregard for these policies may lead to event cancellation.

Lessee Signature: _____ Date: _____

Today's Date: _____ Event ID: _____

EVENT INFORMATION

LESSEE First Name: _____ LESSEE Last Name: _____

Organization Name (if applicable): _____

Event Date: _____ Event Type (wedding, banquet, film, etc.): _____

LESSEE Arrival Time: _____ Event Start Time: _____ Event End Time: _____

FLOWER/PLANT INFORMATION

Plant/Flower Type:

- | | | | |
|-----------------------------------|--|---|---|
| <input type="checkbox"/> Bouquets | <input type="checkbox"/> Boutonnieres | <input type="checkbox"/> Corsages | <input type="checkbox"/> Table Arrangements |
| <input type="checkbox"/> Wreaths | <input type="checkbox"/> Flower Petals | <input type="checkbox"/> Floor Arrangements | <input type="checkbox"/> Other: |

Event Placement Location (select all that apply):

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Great Hall | <input type="checkbox"/> Pleistocene Plaza |
| <input type="checkbox"/> Foyer | <input type="checkbox"/> Café | <input type="checkbox"/> Education classroom |

Vendor (florist) Name: _____ Delivery Time: _____

SIGNATURE OF AGREEMENT/AUTHENTICITY

LESSEE Signature: _____ Date: _____

REVIEW AND AUTHORIZATION

The above information has been reviewed and authorized for stated event.

Coordinator, Facility Rentals and Events: _____ Date: _____

Pre-event storage location:

- | | | | |
|---------------------------------------|-------------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> Loading Dock | <input type="checkbox"/> Auditorium | <input type="checkbox"/> Education | <input type="checkbox"/> Café |
|---------------------------------------|-------------------------------------|------------------------------------|-------------------------------|

IPM Technician: _____ Date: _____