

FNS Request/Agreement Form

For Use of Power Panther™ Costume

Agency: _____ Contact Person: _____

Address: _____
city state zip

Phone: _____ Fax: _____ E-mail Address: _____

Number of Events Planned: _____ (if more than one-complete page two)

Name of Event: _____ Location of Event: _____

Type of Event: _____
(conference, health fair, school lunch, WIC, etc.)

Please check one: Regional Event State Agency Event Local Event District/County

Purpose for using costume: _____

Target Audience: (check all that apply)

Check all FNS programs involved in Event:

- Preschoolers
- Students: Elementary, Middle or High School - Give Specific Grade(s):
- Teachers
- Food Service Staff
- Other Professionals

- Child Nutrition
- WIC
- Food Distribution
- Food Stamp
- Farmers Markets

Estimate the number of people who will be attending the event:

Dates(s) Needed: From _____ To _____
(date) (date)

Costume will be returned/shipped on: _____
(date)

I/We _____ have read the Power Panther™ Appearance and Booking Criteria and agree to use the Power Panther™ costume in accordance with the criteria and only for promoting healthy eating, physical activity, and FNS nutrition assistance programs. I/We accept full liability for injury to persons or property connected with the use of the costume. I/We have read all the material provided, agree to the terms and conditions stated. I/We will return the costume on the date requested and in the condition that it was received. I/We will not photograph Power Panther with food brands or other industry mascots.

(signature of agency representative) (title) (date)

For FNS Use Only

Approved Disapproved Reason: _____

Check Location: HQ ___ SE ___ SW ___ MA ___ NE ___ W ___ MP ___ MW ___

(signature of FNS Representative)

