

POWER PANTHER™ COSTUME REQUEST AND AGREEMENT FORM

There is a 2-day limit on costume loans

Complete the following and send by e-mail or fax to your regional representative.

Contact Person: _____ Title: _____

Department: _____ Agency: _____ Program: _____

Address: _____ Suite/Room: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Fax: _____ Email: _____

ABOUT YOUR AGENCY

USDA nutrition assistance program(s) you administer:

- NONE
- School Meals (NSLP/SBP)
- Supplemental Nutrition Assistance Program (Food Stamp Program)
- Women, Infants and Children (WIC)
- WIC Farmers Market
- Food Distribution Program on Indian Reservations (FDPIR)
- Child and Adult Care Food Program (CACFP)
- Summer Food Service Program (SFSP)
- The Emergency Food Assistance Program (TEFAP)
- Commodity Supplemental Food Program (CSFP)
- Other (specify) _____

Type of requesting agency (check only one):

- FNS Region
- State Agency
- Local Agency
- County
- Other (specify) _____

For FNS Use Only

Request is from an agency that operates a FNS program. ___YES ___NO

Education activities are included as part of this event. ___YES ___NO

Is this request for more than 2 days use? ___YES ___NO

Approved

Disapproved

Approving Official:

Name

Title

Date

Check your location:

HQ NERO MARO SERO SWRO MWRO MPRO WRO

Comments: