



# FACILITIES USE REQUEST FORM

Blandy Experimental Farm  
The State Arboretum of Virginia  
University of Virginia  
400 Blandy Farm Lane • Boyce, VA 22620  
Phone: 540-837-1758 Ext. 0 • Fax: 540-837-1523

<b>OFFICE USE ONLY</b>	<b>Event Date:</b>
Fee: _____	
Paid? _____	_____ posted

**IN-HOUSE REQUESTS, FILL IN FIRST BOX ONLY**

BEF     VNPS     FOSA

**Name of Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_      **Date of Event:** \_\_\_\_\_

**Facilities Requested:**     Amphitheater     Dining Room     Dorm Rooms     Grounds Only  
 Kitchen                     Learning Center     Library             Off Site             Peetwood Pavilion  
 Research Village Cottage     VIP Suite

**Program Time:** from \_\_\_\_\_ to \_\_\_\_\_      **Number Attending:** \_\_\_\_\_

**Set-up Time:** start \_\_\_\_\_ end \_\_\_\_\_      **In case of rain:**  cancel  raindate \_\_\_\_\_

**Program(s) Requested:**     Meeting/Lecture     Guided Tour (start time: \_\_\_\_\_ am/pm)  
 Other: \_\_\_\_\_      **Topic:** \_\_\_\_\_

**Notes:**

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Is this organization a member of FOSA?  yes  no Is this an educational program?  yes  no

Will this program be free of charge, open to the public, and advertised?  yes  no

If yes, how will the program be advertised? \_\_\_\_\_

<b>Fee Schedule:</b>		
Dormitory Rooms	_____ people @ \$8 per person/night	\$ _____
Research Village	_____ people @ \$12 per person/night	\$ _____
Library (L)	_____ days @ \$50/day	\$ _____
Kitchen (K)	_____ days @ \$25/day	\$ _____
Dining Room (DR)	_____ days @ \$25/day	\$ _____
Amphitheater	_____ half-days @ \$50 half-day	\$ _____
Learning Center	_____ days @ \$50/day	\$ _____
Charter Tour Groups	_____ people @ \$2/person	\$ _____
Peetwood Pavilion	_____ days @ \$ 25/day	\$ _____
<b>Total Fees:</b>		\$ _____

ent: \_\_\_\_\_

### Terms of Facilities Use

- The user assumes responsibility for the safe and lawful use of facilities at Blandy Experimental Farm and will take all reasonable measures to insure the safety of property and persons attending the event for which space is reserved. The user agrees to indemnify and save harmless the University of Virginia and the Commonwealth of Virginia from and against any and all loss, costs (including attorneys' fees), damages, expense, and liability in connection with claims for damages as a result of injury or death of any person or damage to any property which arise from or in any manner grow out of any act or neglect on or about the premises by the user, the user's partners, agents, employees, students, customers, invitees, contractors, and subcontractors. The user may be required to provide a certificate of insurance verifying liability coverage for the organization/group.
- Set up of chairs and tables as required to prepare meeting area is the responsibility of the user.
- All spaces, equipment, and furniture will be left clean and in their prior condition following meetings or activities. All chairs and tables will be returned to the locations they were in prior to the meeting unless the Facilities Use Coordinator indicates otherwise.
- Any decorations, supplies, equipment, handouts, or other amenities brought by the user shall be removed at the conclusion of the program. Decorations cannot be attached to any tree, plant, stone wall, signs, or structures.
- If the kitchen is reserved, cookware, tableware, and appliances are available for use. However, all food and beverage supplies are the responsibility of the user, including coffee, condiments, etc.
- Set up, program time, and clean up shall take place within the scheduled time usage unless permission is otherwise obtained from the Facilities Use Coordinator.
- Bed linens, towels, and toiletries are not supplied for dormitory room or Research Village overnight guests.
- The user assumes responsibility for any damage to property and, if billed, will pay for the damaged property and for any additional cleaning, repairs, or replacements that result from the use of the facilities. Assessment of damages and extent of responsibility of the group shall be determined by the Director.

As a representative of the group that will use the facility, I certify that I have read the above terms and represent the members of my group in agreeing to abide by these terms. I assume responsibility for informing members of the group who will be involved in using the facility of the terms of use as stated above.

Your Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Title or Relationship to Group: \_\_\_\_\_

Address (if different than on front of form): \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

**Please make checks payable to Blandy Experimental Farm.**  
**Amount Due:** \_\_\_\_\_ **Date Due:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Reservation:  confirmed

Fee charged: \$ \_\_\_\_\_ Paid by:  check # \_\_\_\_\_  cash  credit card

Date Paid: \_\_\_\_\_ **Notes:**