



**REQUEST FORM for use of HHLHPP mascot (EDGAR) costume.
Please submit at least 30 days prior to date needed.**

Please provide the following information:

Agency Name _____

Address _____

Telephone Number _____ Fax Number _____

Event Title _____
(Public event promoting public health, especially lead poisoning prevention)

Event Location _____
(Address to include City and State)

Event Date(s) _____

Date Costume will be returned _____

Have you used costume before? _____

Your Name _____

I have read the enclosed "Terms of Use and Responsibility" and understand that the costume is to be used for public health events only. I will coordinate the shipment/transportation of the costume with HHLHPP staff and return the costume in the same condition that it was received by me. In the event of damage to the costume outside of normal wear, I will be responsible for the cost of any repairs.

Signed _____ Date _____

This form may be faxed to: 785-296-5594, to the attention of Sue Blass. Thank you.