

Outreach Request Form

The Arboretum, State Botanical Garden of Kentucky

Name: _____ Organization Name: _____

Phone Number: _____ Email: _____

Organization Website: _____

Type of Request

- Community Event
- Classroom Speaker
- Panelist
- Presentation
- Other: _____

Name of Event: _____

Years in Existence (if applicable): _____

Event Date: _____

Event Time (start and end): _____

Event Location: _____

Total Estimate On-site Attendance: _____

Describe what you would like:

Direct questions and complete forms to Dawn.bailey@uky.edu

Office Use Only

Date Received: _____ Accepted Denied Person Attending: _____