

ORSANCO Life Below the Waterline Mobile Aquarium Application

Organization Details:

Name: _____

Address: _____

City /State/ Zip: _____

Daytime phone number: _____

Is the organization Non-profit Government School or University For-profit

Other (please explain) _____

Is funding available to cover the costs of transporting the mobile aquarium to your event?

No Yes If yes, please specify _____

Event Details:

Date and time of event: _____

Desired setup & break-down dates/times: _____

Dates/times interpreters requested:

Description of event: _____

Address of event: _____

City / State/ Zip: _____

Does the location have access to the following items:

Solid, level ground (Footprint: 30' long x 12' wide) Water hose 15 Amp power service

Shaded Drainage Security (overnight if outdoors) Liability insurance

**Each item is required for set-up and operation of the mobile aquarium (shade is preferred)*

Is the event: Outdoors? Indoors? Air conditioned?

Can we sell mobile aquarium T-shirts to raise funds for the program?

Other information _____

Please return the completed application to:

Rob Tewes
ORSANCO
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Cincinnati, OH 45230
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