

Farm Use Request Form
WSU R.B. Tukey Horticulture and Landscape Architecture Department Farm

Please return form to Deb Pehrson, Farm Manager, at mail 6414 or email back.

1) Date request submitted _____ Applicant's Dept. _____ Dept. Mail # _____

2) Cooperators on project or with class:

Faculty _____ Phone: Office _____ Cell _____ Email: _____

Student _____ Phone: Office _____ Cell _____ Email: _____

Staff _____ Phone: Office _____ Cell _____ Email: _____

3) Duration of Request (Dates): _____

4) Identification of Class or Experiment Request:

a. NUMBER OF STUDENTS participating: _____

b. Class or Experiment Title: _____

c. Class or Experiment Description and/or Objectives: _____

5) Personnel Responsibilities and Experimental Plot Requirements.

Please fill in or check the appropriate column(s):

Items needing clarification	Farm Staff	Applicant	Other	Comments
Equipment				
Fertilizers				
Herbicides				
Pesticides				
Supplies/Materials				
Planting				
Irrigation				
Plot Maintenance				
Treatment Applications				
Data Collection				
Plot Harvest				
Plot Pruning				
Record Keeping				

For Farm Committee and Department Chair Use:

Stipulations on Approval: _____

Farm Manager Initials and date of approval _____

Department Chair Initials and date of approval _____