

**MOLLY CAREN AGRICULTURAL CENTER
APPLICATION FOR USE**

Organization Name: _____

Date(s) Desired: _____ Time Desired: _____ to _____

Description of activities scheduled: _____

Number in group: _____

Organizational Name and Contact: _____

Address: _____
(Street)

(City) (State) (Zip)

(Telephone)

If payment is due, make checks payable to: The Ohio State University

Please complete and return to:

**Molly Caren Agricultural Center
Matthew Sullivan
135 SR 38 NE
London, OH 43140
614-292-4278
Sullivan.64@osu.edu**