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