FORM 250A: SMUDGING REQUEST

School/Site: _____ Date of Request: _____

Organization and Contact Information:

Organization: _____

Contact Name: _____ Phone Number: _____

Email Address: _____

Smudging Request:

Frequency: ☐ One-Time ☐ Ongoing/Recurring Participants: ☐ Individual ☐ Group

Date(s): _____

Time: _____

Location/Room: _____

Description of Event: _____

_____

Products that will be used:

☐ Cedar ☐ Sage ☐ Sweetgrass ☐ Tobacco

☐ Liquid ☐ other (please specify): _____

Additional Details: _____

_____

Signature of Applicant: _____ Date (YYYYMMDD): _____

Approval:

Principal or Site Administrator Signature:	Date:
Manager of Facilities Signature:	Date: