

MAGOON SPACE ALLOCATION FORM

2019 Sept Revision

TPSS-USER		BRIEF DESCRIPTION OF INTENDED USE:	
Name: Email: Office phone Mobile phone e: Account number for user fee:			
NON-TPSS USER			
Name: Email: Office phone Mobile phone: TPSS sponsor SIGNATURE:. Account number for user fee:		Type of Space: Bench :() Field; () Garden: () Location (s) based on Magoon Maps: Total amount requested: () Ft ² Irrigation: type (such as in-pot emitters or overhead)	
REQUESTED PERIOD OF ALLOCATION			
Start date: Termination date Extending after September 30 of current FY (Y/N):			
GE Crop: IBC approval # <i>Attach approved protocol</i>			
REQUIRED PEST MANAGEMENT INFORMATION PROVIDE BY USER			
User s need to anticipate the following insect pest problems: mites, aphids, whitefly, mealy bugs and scale. Provide the trade names of pesticides approved for use on your crop that manage these pests. <i>(this information is required for approval of the space allocation request).</i> Pesticide product research at GreenBoook: HTTPS://WWW.GREENBOOK.NET/ OR CDMS: HTTP://WWW.CDMS.NET/ , CALL LOCAL VENDORS FOR AVAILABILITY			
PESTICIDE TRADE NAMES:			
USER INFORMATION			
Approved Hatch or Extension Project Number			
Project duration	Start date:	End date:	
ACCOUNT FOR MAGOON SPACE PAYMENTS			
Award details	Start date	End date:	Amount:
Account number for Magoon Payments:			
REQUESTED SPACE IN SUPPORT OF TEACHING			
COURSE NUMBER	FALL/SPRING ()	# OF STUDENTS	
Attach additional pages to describe space requirements, staff assistance and provide updated syllabus			

AREA BELOW TO BE FILLED IN BY FACILITY SUPERVISOR WITH SPACE REQUEST APPLICANT		
SPACE ASSIGNMENT		
MAP DESIGNATIONS	TOTAL SPACE	BENCH(S)
GLASSHOUSE:		
SARAN HOUSE		
OUT DOOR BENCH		
FIELD PLOTS	TOTAL SPACE	
GARDEN PLOTS	TOTAL ROW	
APPROVING SIGNATURE		
USER NAME:		DATE
FACILTIY SUPERVIOR		DATE

****SIGNATORES AGREE TO FOLLOW ALL TPSS MAGOON FACILITIES USER POLICY AND PROCEDURES!***