

This form should be mailed to:
Arkansas Civil War Sesquicentennial Commission
1500 Tower Building
323 Center Street
Little Rock, AR 72201

REQUEST FOR ACWSC LOGO USE

Sponsor _____

Contact Person _____ Phone# _____

Email Address _____

Address _____ City _____

County _____ State _____ Zip Code _____

Event/Project Title/Description (continue on back)

Event Location _____ Date(s) _____

Time _____ Admission Price(s) _____

How will this event emphasize the 150 celebration? _____

How will the logo be used? _____

How will this project relate to the sesquicentennial? _____

I have read this form and understand the objectives of the Arkansas Civil War Sesquicentennial Commission in allowing use of its logo. On Behalf of my organization, I attest that the activity described above conforms with the stated requirements. I understand that any violation of these requirements may result in the denial or loss of permission to use the logo as an official activity of the celebration. I further realize that the Commission has the sole right to use the logo at all Sesquicentennial events.

Signed _____ Date _____