

**UMass Cold Spring Orchard Research & Education Center**  
***Planting Request Form***

**Project Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Requested By:** \_\_\_\_\_

**Year of Proposed Planting:** \_\_\_\_\_ **Literature Search:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Proposed Location:** \_\_\_\_\_ **Proposed Duration:** \_\_\_\_\_

**Extramural Support (\$):** \_\_\_\_\_ **Duration of Support (\$):** \_\_\_\_\_

**Justification:**

**Description of project including number of trees, area required, replication, data to be taken, and a planting plan:**