

FACILITIES USE REQUEST

4-H Club/Project Meeting

**Allow 10 to 14 days for processing of additional dates and times for existing insurance agreements.
New agreements may take longer**

Club/Group name: _____ Contact Person: _____

E-mail _____ Phone: _____

Contact the facility you wish to use, set a date, determine cost and if they will require a certificate of insurance or a contract. **DO NOT SIGN CONTRACTS!** If a contract is required, the contract is with the University of California Cooperative Extension Placer Nevada (UCCE Placer Nevada). It must be reviewed and signed by the County Director. If you sign the contract you are personally responsible, not the University **Submit contract with this form.**

Facility Contract Information:

- The location does not require a contract or certificate of insurance.
- The location requires a contract, was mailed/faxed on (date) _____
- The location requires a certificate of insurance

Facility/Agency name: _____

Physical Address: _____ City/Zip _____

Mailing Address (If different from physical): _____ City/Zip _____

Facility Contact Person name: _____

Facility Contact Phone: _____ Contact E-mail: _____

The following information is often required by the facility

Approximately how many adults are expected? _____ How many youth? _____

Room(s) Requested: (include kitchen if needed): _____

On-site equipment needed (chairs, tables, PA System, etc.): _____

Event Set-Up Time: _____ Event Departure Time: _____

Will the facility be setting equipment up? Yes No | If Yes, details: _____

Meetings Schedule

If meeting more than once in a month, enter ALL dates in that month.
Keep in mind holidays and facility calendar

Project/ Meeting (Name & Description): _____

Month	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Day of week												
Date												
Time												

Submitted by: _____ Date: _____ Recv'd: _____