



# 4-H Club and Project Meeting Facilities Use Request Form

Club/Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(Person completing this form, making facility arrangements)

Contact Phone (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Facility/Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_

Facility Contact Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**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, electrical access, etc.):

Will the facility be setting equipment up? \_\_\_\_\_

Event Set-Up Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Month	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
Day of Week												
Date												

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

**Submit forms to:** Glenn County Cooperative Extension Office  
821 E. South Street/P.O. Box 697  
Orland, CA 95963

**Questions regarding facilities use? Contact:** Glenn County Cooperative Extension Office at 865-1107.