



Hopland REC Facilities Use Agreement Form

Instructions:

Form must be fully complete and signed by the applicant. No facility reservation will be made prior to submission and approval of the application. If approved, an appropriate Facility Use Agreement will be sent to applicant organization for signature with instructions for any additional required forms. Events are not considered approved until applicant organization receives a copy of the fully executed Facility Use Agreement. Certificates of insurance naming the Regents of the University of California as additionally insured will be required for your event. Facility Use Applications must be approved and Certificates of Insurance should be provided prior to advertising the event.

EVENT INFORMATION

1. Name of event: _____ Date(s) of event: _____

2. Purpose of event: _____

3. Who will attend the event? _____ Estimated Attendance: _____

4. Is event open to the public? Yes No

5. Will the event be publicized? Yes No If yes, describe method: _____

6. List key speakers by name and title. Indicate if any are University personnel.

7. Will class credit be offered? ___Yes ___No If yes, by whom: _____

8. Will food and/or beverages be included in your program? ___Yes ___No
If yes, please note type of service:

9. Will service of alcoholic beverages be requested? ___Yes ___No

NOTE: An approved alcohol permit is required for the service of alcohol; 4 hours max. serving time, alcohol must be served by a licensed caterer.

10. Will campus housing be requested? ___Yes ___No If yes, Adult _____ Youth _____

Arrival date: _____ Departure date: _____

11. What fees, if any, will be charged? Type/Amount _____

12. Has your organization used our facility before? ___Yes ___No If yes, when and for what purpose?



University of California

Agriculture and Natural Resources

Research and Extension Center System

1H Name of organization/individual: _____

F1 ~~AWC~~ General purpose of organization/individual: _____

F1 ~~EWU~~ Principal Officer:

_____	_____
Name	Title
_____	_____
Address	Phone Number
_____	_____
E-mail Address	Fax Number

Event Coordinator:

_____	_____
Name	
_____	_____
Address	Phone Number
_____	_____
E-mail Address	Fax Number

UC Representative (if any):

_____	_____	_____
Name	Email	Phone Number

Has your organization been granted California State income tax-exemption status?

Yes No *If yes, submit proof of non-profit status along with application.*

If no, is your organization qualified to do business in California, or possess a business license issued in California?

Yes No *If yes, please provide business license number: _____*

NOTE: Organization named in #1 must be the same name registered with the State of California.

4. University charges will be billed to:

_____	_____
Name	Phone Number

Address	

University Account Number	

5. Liability insurance is required. Please list carrier, type and limit of organization/individual's liability insurance.

Carrier _____ Dollar Limit _____

Signature of Organization's Principal Officer (named above)

Date