



**FACILITIES USE REQUEST**  
**4-H Club/Project Meeting**

*Allow a minimum of 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: \_\_\_\_\_

**Facility Information**

*Some information has changed, please read!*

Contact the facility you wish to use, set dates, determine cost and if they will require a Certificate of Insurance. Some facility may require a contract or an application to submit.

**DO NOT SIGN CONTRACTS or APPLICATIONS!**

If either is required, the contract or application 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 a contract or application you are personally responsible, not the University

**Submit contract with this form. To the 4-H office**

**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: \_\_\_\_\_