University of **California** Agriculture and Natural Resources

FACILITY USE REQUEST

4-H Club & Project Meetings

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

Group name:Contact Person:							
E-mailPhone:							
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 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 The location requires a contract, was m The location requires a certificate of instance 	ailed/faxed on(date)						
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 informati	ion is often required by the facility						
Approximately how many adults are expected? Room(s) Requested: (include kitchen if needed):	How many youth?						
On-site equipment needed (chairs, tables, PA Sys	stem, etc.):						
	Event Departure Time:						

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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: