

FACILITIES USE REQUEST
4-H CLUB or COUNTYWIDE EVENTS

*Allow a minimum of 10 to 14 days for processing of any requests of established insurance agreements. ** NEW AGREEMENTS may take longer ***

Event Title: _____

Event Date: _____ Event Start Time: _____ Event End Time: _____

Program name: _____ Event Contact Person: _____

E-mail _____ *Phone: _____

Do you want it published for event contact? Yes No

FACILITY INFORMATION

Follow the steps below to secure a facility:

- 1/** Contact the facility you wish to use.
- 2/** Ask them to hold the date(s).
- 3/** Determine cost.
- 4/** Is a Certificate of Insurance required?
- 5/** Do they have their own contract or application?

DO NOT SIGN CONTRACTS or APPLICATIONS!

If either is required, the contract or application is with "The Regents of the University of California C/O Cooperative Extension 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 staff.

Does the facility have its own Facility Use Agreement or Rental contract? YES NO Not Sure

Does the facility require a Certificate of Self-Insurance Coverage? YES NO Not Sure

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: _____

EVENT INFORMATION

The following information is often required by the facility.

Is event open to the public? Yes No Will admission be charged? Yes No

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

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: _____

Will you be serving food at the event? Yes No | If Yes, mark all that apply below:

Pre-packaged Prepared in advance Prepared on site No Food

- If prepared on site, what are you serving: _____

ADDITIONAL INFORMATION about the EVENT

Will Registration be required? Yes No

- If YES, specify DUE DATE: _____
- If needed, please specify location for submission: UCCE Office, Mail, other: _____
- If a Registration/ Participation fee is needed, please specify amount: _____

Will any fundraiser take place at this event? Yes No / *If yes, approval is REQUIRED BEFORE advertising the event. SUBMIT FORM 8.7 to the 4-H office.*

Please provide basic information, such as: Activities, speakers, participants, topics, etc. (will be included in newsletter/website if applicable):

Any additional documents, such as another external registration form(s), application packets, or event flyer, will need to be submitted to the 4-H office to get approval.

If you provide the needed information, the office staff can format them for your event.

Would you need to have a registration form or application packet posted on the website for participants to download? Yes No

Any additional notes: _____

CES only: Please provide the UC ACCOUNT # to use for expenses (Facility, food, supplies): UC# L/ _____