



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.