

FACILITIES USE REQUEST FORM

CLUB NAME: _____

Person Filing Form/Name: _____

Address _____

Phone _____

The use of the following facility is being requested by the above group for official 4-H activities:

FACILITY/AGENCY NAME: _____

Facility Address _____

*Mailing Address (if different) _____

Contact Person: _____

Phone(s) _____

The facility will be used for the following purpose(s):

The facility use is being requested for the following dates and times (specify start and estimated finish times including set-up, tear-down):

Does the agency/owner require (check all that apply):
(If the agency has their own agreement, please attached.)

_____	Certificate of Insurance
_____	Named as an Additional Insured
_____	Contains a Hold Harmless Clause

Please return to: Mendocino County 4-H
890 N. Bush Street
Ukiah, CA 95482

Questions: Call the 4-H Office, 463-4495

Please allow up to 30 days for processing especially if a Certificate of Insurance is required.