

# UCCE Local Office FACILITIES USE REQUEST FORM

Facility Use Request Forms are to be turned in no sooner than 30 business days prior to event to allow processing

4-H Unit Requesting: UC Regents, c/o UCCE Mendocino 4-H YDP \_\_\_\_\_  
(insert 4-H Unit information above)

Date(s) and Time(s) Requested for Facilities Use (include set-up and break down in time estimate):  
\_\_\_\_\_

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

## Office Manager & 4-H Unit Applicant Information:

Name: Michelle Stout, UCCE Office Manager and \_\_\_\_\_  
(insert 4-H Unit contact information above)

Address: 890 North Bush Street, Ukiah, CA 95482 \_\_\_\_\_

Phone: (707)463-4994 Michelle and 4-H Unit ( ) \_\_\_\_\_  
(insert 4-H Unit contact phone number information above)

Email: mastout@ucanr.edu Michelle Stout and 4-H Unit: \_\_\_\_\_  
(insert 4-H Unit contact email information above)

## Facility/Agency Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## The Below MUST be complete before sending to local UCCE office:

- ♦ Have a Completed Un-Signed Contract or Agreement/Application:  Yes  No  
**If no, you must ask them for a copy of their Liability Coverage. This can be found on the Declaration Page of their insurance.**  
 Copy of their Liability Coverage Attached. Liability Coverage can be found on the Declaration Page of their insurance.
- ♦ Does the Completed Un-Signed Contract or Agreement/Application Contains a Hold Harmless Clause:  
 Yes  No
- ♦ Are Facility/Agency Requesting a Certificate of Insurance Named as an Additional Insured:  
 Yes  No

## UCCE Office Use ONLY Below:

Does the agency/owner require (If the agency has their own agreement, please attach):

Certificate of Insurance  
Named as an Additional Insured

Contains a Hold Harmless Clause