

# EVENT FACILITY FORM

*This is not in place of any required contract  
– for information purposes only to assist event organizers*



**Event:**

**Date(s):**

**4-H Event chairperson (name, telephone, cell, email):**

*(direct all questions/concerns/inquiries to this person)*

**Booked by:** *(if different from above)*

**Date booked/initial contact:**

**Booking method** *(phone, email etc.):*

**Facility Name:**

**Location**

*(address or Blue Sign*

*- for emergency response):*

**Muster Point:**

**Facility contact person:**

*(name, telephone, cell, email):*

**Emergency contact person**

*(if different from above):*

**Cost of facility usage/ rental:**

**Separate rental agreement attached?**

Yes

No

*(circle one)*

**Date signed:**

**Date paid:**

**Payment Method** - *cash, cheque, e-transfer - by*

)

**Requirements at event:**

\_\_\_ office    \_\_\_ classrooms (# \_\_\_)    \_\_\_ projector (*password* \_\_\_\_\_)

\_\_\_ tables (# \_\_\_)    \_\_\_ chairs (# \_\_\_)    \_\_\_ microphone    \_\_\_ kitchen    \_\_\_ arena

\_\_\_ Other (*list*)

Location of light switches

Doors (*indicate location of those to be open during event*)

Key/access (*who to pick up key, where, or who to meet for facility access/where, when?*)

Key return/when

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**Set up / Take down:**

Who to set up/take down  
(facility staff or committee?)

Special considerations/requests:

**During event:**

Day/ Emergency contact person/#

Location of bathroom supplies etc.

Arena grooming/contact person

Other

**After event/cleanup expectations and information:**

Garbage cans – empty    yes    no    location

where are additional garbage bags? \_\_\_\_\_ or bring own? \_\_\_\_\_

Sweep                            yes    no    located \_\_\_\_\_ or bring own? \_\_\_\_\_

Mop/wash floor            yes    no    located \_\_\_\_\_ or bring own? \_\_\_\_\_

Vacuum                        yes    no    located \_\_\_\_\_ or bring own? \_\_\_\_\_

Bathrooms                    yes    no    cleaning supplies \_\_\_\_\_ or bring own? \_\_\_\_\_

Lockup/walk through/after event:

**Parking:** (where, or where not?)

**Any areas specifically “off-limits”?**

**Additional information** (use additional sheets if required)

*A copy of this completed form will be provided to the committee and to the facility for information purposes only and does not imply a written contract. If a contract is to be completed, the terms agreed upon will be followed.*