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

Form created 2020-02-20
**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:**
<table>
<thead>
<tr>
<th>Garbage cans – empty</th>
<th>yes</th>
<th>no</th>
<th>location</th>
</tr>
</thead>
<tbody>
<tr>
<td>where are additional garbage bags?</td>
<td>_____________________________</td>
<td>or bring own? _____</td>
<td></td>
</tr>
<tr>
<td>Sweep</td>
<td>yes</td>
<td>no</td>
<td>located ___________________________ or bring own? _____</td>
</tr>
<tr>
<td>Mop/wash floor</td>
<td>yes</td>
<td>no</td>
<td>located ___________________________ or bring own? _____</td>
</tr>
<tr>
<td>Vacuum</td>
<td>yes</td>
<td>no</td>
<td>located ___________________________ or bring own? _____</td>
</tr>
<tr>
<td>Bathrooms</td>
<td>yes</td>
<td>no</td>
<td>cleaning supplies ___________________ or bring own? _____</td>
</tr>
</tbody>
</table>

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.*