

**Committee/Facility form** – for information purposes only

Event \_\_\_\_\_

Date(s) \_\_\_\_\_

**4-H Committee chairperson/contact info (indicate name, telephone, cell, email)** – address all questions/concerns/inquiries to this person for this event. If unable to reach this person in a timely or urgent manner, alternately please contact Ginny Smith, 4-H Regional Specialist @ 403-381-5815 or [gabby.smith@gov.ab.ca](mailto:gabby.smith@gov.ab.ca) to determine other contact options.

Booked by (if different from above) \_\_\_\_\_

Date booked/initial contact \_\_\_\_\_ Booking method (phone, email etc.) \_\_\_\_\_

Facility \_\_\_\_\_

Location (for emergencies) \_\_\_\_\_

Facility contact person (name, telephone, cell, email) \_\_\_\_\_

Emergency contact person if different from above \_\_\_\_\_

Cost of facility rental if applicable \_\_\_\_\_

Separate rental agreement attached?            Yes            No            (circle one)

**Requirements at event:**  
\_\_\_ office      \_\_\_ classrooms (quantity \_\_\_)      \_\_\_ projector (password \_\_\_\_\_)  
\_\_\_ tables (quantity \_\_\_)      \_\_\_ chairs (quantity \_\_\_)      \_\_\_ microphone      \_\_\_ kitchen  
\_\_\_ Other (please 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?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Before event:**

Who to set up/take down \_\_\_\_\_

Special considerations/requests \_\_\_\_\_

**During event:**

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? 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:

Key return/when \_\_\_\_\_

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

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

Additional information \_\_\_\_\_

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 there will be upheld.