



Request for Reservation of College Facilities

Permit #: _____

College of the Redwoods
 Attn: Maintenance / Facilities Department
 7351 Tompkins Hill Road, Eureka, CA 95501
 Phone: 707-476-4380 // Fax: 707-476-4400
 Submit completed form to: Johanna Helzer (johanna-helzer@redwoods.edu)

Today's Date: _____

Name of Department/Organization/Group: _____

Address/City/State/Zip: _____

Contact Info: _____ Phone #: _____

E-Mail: _____

Activity/Event Name/Meeting: _____

Number of people expected _____ Admission/ Class Fee? _____ Food/refreshments being served?

Description of activity to be conducted: _____

Building: _____ Room #: _____ Field: _____

If using more than one area, please include in area labeled "Additional info" below

Dates of Use	Day(s) of Week	Hours of Use	
		From	To

Additional info and pertinent details:

Additional rooms requested

Bldg: _____ Room: _____

Bldg: _____ Room: _____

Bldg: _____ Room: _____

Bldg: _____ Room: _____

Bldg: _____ Room: _____

Maintenance/Facilities Needs

6' tables _____ Folding chairs _____

Trash cans _____ Recycle cans _____

Other _____

IT / Tech Support Needs

Computer/Projector

Laptop

Portable Audio/Microphone*

On-Site Tech Support*

**please submit a ticket to IT*

Applicant agrees to defend, indemnify and hold harmless the Redwoods Community College District, its Board of Trustees, the individual members thereof, and all District Officers, employees and agents from any losses of injuries that may result in any way from the applicant's use and/or occupancy of college facilities, regardless of cause and including the condition of college equipment, premises and facilities. Applicant agrees to furnish proof of liability insurance coverage with limits acceptable to the District, as the District may require (applicable to any party not covered by RCCD insurance coverage).

I have read and understand Board Policy No. 6700 _____ Initials

Signature of Responsible Party /Person completing form (sign and print name) _____ Date

Signature of Administrator/Director/Manager/Dean/CR Club Advisor/AR Principal _____ Date

Final review and approval of request

Director of Facilities/Maintenance _____ Date

Maintenance/Facilities Use Only

Internal Checklist

Division Approval _____

Scanned/ In File _____ Calendar _____

Custodians _____ Gardeners _____

Public Safety _____

Originator _____

FEES**

Facility: _____

Other: _____

Technical: _____

Total: _____

**This is only an estimate.
 Invoice will be sent after event.