



First 5 Family Resource Center
525 E. Yosemite Avenue
Madera, CA 93638
Ph: 559-661-5155 Fx:559-675-4950

RESERVATION FORM COMMUNITY USE OF FACILITY

Today's Date: _____ Organization Name: _____

Address: _____ City: _____ Zip: _____

Contact Name: _____ Work Ph: _____

*User Name: _____ Phone: _____

Fax: _____ Email: _____

Date/s of Event: _____ Day of Week: _____

One time or On-going event? _____

Number of Participants: _____ Set up Time: _____ AM PM

Event Start Time: _____ AM PM Adjourn _____ AM PM

Activity Description: _____

Community Event to add to FRC Calendar? Yes No

Request for Amenities Needed: _____

Reservation Request:

North Training Room (40 max)

Kitchen

South Training Room (20 max)

Children's room (8 max)

Conference (10 max)

Library (8 max)

Confirmation will be Faxed/Emailed to you. Please review and make sure all is correct.

****USER MUST SUBMIT OR HAVE ON FILE SIGNED USER GUIDELINES***

Office Use Only

Use guidelines on file? _____ Yes _____ No

Approved: Yes No Date: _____ Reservation #: _____



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COMMUNITY USE GUIDELINES

Guidelines:

1. Make reservations three (3) weeks in advance of date of event. *All weekend and evening requests require a one (1) month advance request.*
2. Denial of use of space is non refutable and non-negotiable.
3. Use approval is determined by match to Commission goals.
4. Scheduled event will be accommodated on a “first-come-first-serve” basis.
5. FRC staff reserve the right to make appropriate facility accommodations for community use.
6. **Facility Reservation Form must be submitted in writing, by fax, mail or Email to:**

**First 5 Family Resource Center, 525 E. Yosemite Avenue, Madera, CA 93638
(559)661-5155 or fax (559)675-4950. Approval Confirmation will follow.**

Rooms:

- North Training Room: Occupancy up to 40; Projector, Screen, TV/VCR
- South Training Room: Occupancy up to 20; Projector, Screen, TV/VCR
- North and South Combined: Occupancy up to 98 (theater style seating only)
- Conference Room: Occupancy 10-12; conference table and chairs, Screen, TV/VCR
- Children’s Room: Occupancy 8-10; Conducive for 0-5 age children, books/toys, sink
- Parents’ Resource Library: Occupancy 8; 2 computers w/internet; One way window

Cancellation Guideline: As a courtesy, please make all cancellations as soon as possible, with at least forty eight (48) hours prior to event date/time whenever possible.

Hours: First 5 Family Resource Center is open 8:00AM to 5:00PM, Monday thru Friday. Staff will be available to accommodate additional hours to support your event.

Smoking is Prohibited: Smoking is prohibited in the building, and in the parking lot.

Food: All refreshments/supplies are the responsibility of the USER. Alcohol may not be served at any time.

Partnership: This facility belongs to you, the community.

NO PETS OR ANIMALS ALLOWED AT ANYTIME.

USER Initial

_____The Organization will designate a representative acting as liaison that will act as the USER and is responsible for event planning, event supervision, will ensure proper use of building/equipment and clean up.

_____The USER assumes responsibility for any damage or loss to the premises, equipment, or furniture therein and agrees to pay for all repairs or replacement costs and expenses and will replace any displaced First 5 FRC property.

_____The USER will clean up immediately following the event including wipe down spills on tables, counters, floors. The USER will pick up trash bags from waste baskets and walk to outdoor dumpster at the west side of the parking lot.

_____The USER will set-up table and chairs back to original set-up immediately following use of room.

_____The USER agrees that the event will not be used to sell food, beverage or products.

_____The USER agrees to indemnify and hold harmless the First 5 Madera County Commission, First 5 FRC, Madera County Children and Families Commission and its officers and employees from any and all claims arising out of the use of the First 5 FRC facility. However, First 5 Madera County does not agree to indemnify or hold harmless anyone associated with the scheduled event.

_____ The USER agrees not to involve more than 50 people and does not require a Special Events Coverage.

Contact Name: _____ Date: _____

Signature

User Name: _____ Date: _____

Signature