



Chowchilla First 5 Family Resource Center  
405 Trinity Ave  
Chowchilla, CA 93610  
Ph: 559-201-5000 Fx: 559-665-0490

## 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

Kitchen

South Training Room

Children's room

Conference

***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 #: \_\_\_\_\_