



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 Children's Room (20 max)

Children's room (8 max)

Conference (10 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 #: \_\_\_\_\_