



CALIFORNIA ASSOCIATION FFA CENTER FACILITIES USE REQUEST

Submit to FFA Center Staff 30 days prior to the event.

Reservation Date: _____ **Time of Event:** _____ to _____

Name of Group(s) Attending: _____

Purpose of Meeting or Activity: _____

Number of Persons Expected to Attend: _____

Requesting Group/Person: _____

Address: _____

Name of Responsible Person in Attendance: _____

Telephone: _____

Email Address: _____

Facility Requested:

_____ Boardroom (Accommodates 24)

_____ Quad Area

_____ Classroom (Accommodates 24)

_____ Kitchen/Breakroom

Special Request Items:

_____ Coffee/Water Service

_____ Overhead Projector

_____ Catering

_____ Registration Table

_____ Display Table

_____ Podium

_____ Office Equipment

_____ Other: _____

** Discuss options with the FFA Center Staff in advance.**

ANY CHANGES REQUIRE 48hr WRITTEN NOTIFICATION

Signature of Requestor: _____ **Date:** _____

Approved By: _____ **Date:** _____