

Date _____

Taken by _____

Unitarian Universalist Society of Sacramento APPLICATION TO USE FACILITY

Please complete this form prior to the event and to FAX: (916) 483-4934 or Mail to 2425 Sierra Blvd, Sacramento, CA 95825, Attn Business Administrator. This form is required in order to initiate your request to schedule UUSS Building Use. It is not a confirmed room reservation. You will be contacted to complete Building Use Agreement if rooms are available on the date you have requested.

CONFIRMATION PENDING AVAILABILITY AND APPROVAL BY UUSS BUSINESS OFFICE
Deposit required to confirm a reservation for Building Use

Date Submitted: _____

1. EVENT NAME: _____

2. EVENT DAY(S)/DATE(S):
FIRST CHOICE _____
SECOND CHOICE _____
THIRD CHOICE _____

3. EVENT TIME: _____ hrs From _____ am or pm (circle one) To _____ am or pm (circle one)

4. EST. SIZE OF GROUP: _____ ADULTS _____ YOUNG ADULTS _____ CHILDREN _____

5. LOCATION: Auditorium FAHS Room 6 Room 7/8 Room 9
 Room 10 Room 11 Room 12 Library Lounge
 Grounds/Other (specify) _____

6. MEDIA INVITED TO EVENT? Yes No
EVENT INTENDED FOR GENERAL PUBLIC? Yes No
ADMISSION LIMITED TO MEMBERS? Yes No
CHARGING ADMISSION? Yes No
EVENT FOR PRESENT OR FUTURE FINANCIAL GAIN? Yes No
WILL ALCOHOLIC BEVERAGES BE? Yes No

7. NAME/TYPE OF REQUESTING GROUP OR INDIVIDUAL: _____
Address: _____

8. Is your organization a registered non-profit entity? Yes No

9. Contact person: _____ Phone: _____
Position: _____ Fax: _____
Signature: _____ E-mail: _____
Address: (if different from organization) _____

10. DESCRIPTION OF EVENT:
 Meeting Program Memorial Service
 Wedding Reception Celebrity/Author Appearance
 Other (specify) _____

11. ASSISTANCE REQUIRED: (STAFF FEES APPLY)
 AV Tech Custodian Security Event Attendant
 Facility Coord Other (specify) _____

12. SPACE SET-UP:
 Conference Classroom Theater Style Registration Area

13. FOOD SERVICE: Time: _____ to _____
 Breakfast Lunch Diner Comments _____
 Catering Company and Contact
Name _____
Phone _____