



COLLEGE
OF THE
REDWOODS

Request for Reservation of College Facilities

College of the Redwoods
Maintenance & Grounds Office
7351 Tompkins Hill Road
Eureka, CA 95501-9300
707-476-4380 FAX 707-476-4423

**Fill in COMPLETELY;
Incomplete forms will
be Refused/Returned!**

Maintenance issue Permit # _____

Today's Date _____ Non Profit Number? _____ Number of People Expected _____
Name of Organization/Group _____ Admission Fee? \$ _____
Mailing Address - Street/PO Box _____ Event start/end time _____
City _____ State _____ Zip _____
Responsible Party & Contacts _____ Phone Numbers _____
Email _____ Fax Number _____

Dates of Use	Day(s) of Week	Hours of Use <small>include set up/take down From – To</small>	Detailed Description of Use

Special instructions or explanations _____

Please check facilities requested:

- ☐ Rooms not listed below: _____
- ☐ Theatre seats 310 *
- ☐ Lakeview Room dining 35 max/lecture-70 max* Cafeteria Complex checklist needed.
- ☐ Cafeteria (Must have Dining Services authorization –707- 476-4237)
- ☐ Gym
- ☐ Stadium (track, football field)
- ☐ Field (designate softball or baseball) _____
- ☐ Weight Room

For Office Use Only	
FEES	
Facility:	
Other	
Technical:	
TOTAL:	
This is only an estimate. Statements will be sent from Accounts Receivable for payment.	

***CR personnel must submit online Tech Services Request for all Tech needs!**

Applicant agrees to defend, indemnify and hold harmless the Redwoods Community College District, its Board of Trustees, the individual members thereof, and all District Officers, employees and agents from any and all losses of injuries that may result in any way from the applicant's use and/or occupancy of college facilities, regardless of cause and including the condition of college equipment, premises and facilities.

Applicant agrees to furnish proof of liability insurance coverage with limits acceptable to the District, as the District may require (Applicable to any party not covered by RCCD Insurance coverage).

I have read Board Policy No. 6700.

Signature of Responsible Party _____ Date _____

For CR staff, faculty & students, Authorization for request must be obtained from your
Director/Manager/Dean/Club Advisor/AR Principal
Authorized by: _____

FOR OFFICE USE: Distribution – Prelim _____ Appr _____

Director of Maintenance and Operations _____ Date _____