

Date/Time Received  
Program Approval  
Dept. Head Approval

Ken R. Churches, Interim County Director  
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Placerville CA 95667-4199  
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## El Dorado County **BETHELL - DELFINO AGRICULTURE BUILDING ROOM RESERVATION FORM**

**ORGANIZATION INFORMATION:**

Today's Date: \_\_\_\_\_

Org. /Event Contact Person: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Day Phone No: \_\_\_\_\_

THIS IS THE FIRST TIME MY ORGANIZATION IS RESERVING THIS CONFERENCE ROOM.  
If box checked, then give copy of the guidelines.

**EVENT INFORMATION:**

Meeting:      Monthly       Bi-monthly       Weekly       One Time

Event Name: \_\_\_\_\_

Description of event: \_\_\_\_\_

Circle: M Tu W Th F Sat Sun

Event Date: 1) \_\_\_\_\_ Time Needed: Begin \_\_\_\_\_ End \_\_\_\_\_

2) \_\_\_\_\_ Time Needed: Begin \_\_\_\_\_ End \_\_\_\_\_

***\*Indicate 1<sup>st</sup> and 2<sup>nd</sup> choice for dates! \* \* Include setup & cleanup in time needed!\****

Name of designee/s to pick up key: \_\_\_\_\_ Phone Number \_\_\_\_\_

Location(s) needed:      Conference Room       Kitchen

Number expected to attend: \_\_\_\_\_ Equipment needed: \_\_\_\_\_