Albert E. Warren’s Reception Center Request Form

*Submit completed form(s) & CAF to Facilities Reservations–Zip 720/Fax: 530-898-4359*

***Please Note: FMS requires 10 working days advance notice for equipment and services.***

Is this an ORIGINAL Request □ or an UPDATE □?

Today’s Date:

PART I – FACILITY REQUEST - The initial date request must be made through the President’s Office – x5201.

Please review the Albert E. Warren's Center Info Guidelines (w/rate table) for use of the facility prior to submitting this request (listed on the Facilities Reservations website – http://www.csuchico.edu/upe/facres).

Event Name: ____________________________

□ House Use and/or □ Garden Use

Event Day(s)/Date(s): ____________________________

Event Time: ___________ to ___________

Time Facility Needed: ___________ to ___________

Brief description of event and envisioned result (Meeting, Lecture/Conference, Lunch/Dinner/Reception, etc):

Will any outside vendors (caterer)/groups participate? □ No □ Yes – Name: ____________________________

Public invited? □ Yes □ No

Admission Fee? □ Yes □ No

Fundraiser? □ Yes □ No

Expected Attendance: ____________________________

Requestor: (please complete info)

Requestor: ____________________________ Dept/Group: ____________________________ Ext: ____________________________ Zip: ____________________________

On-Site Responsible Party (present at event): ____________________________ Cell Phone: ____________________________

PART II – EQUIPMENT/SERVICES REQUEST (Please submit attachment of desired set-up.)

Additional forms may be required. **Forms available at the Facilities Reservations website: http://www.csuchico.edu/upe/facres**

HOUSE USE (Capacity 49)

_________ Round Folding Tables (5 available – kept in the House)

_________ Folding Chairs (40 available – kept in the House)

_________ 6’ Folding Tables (4 available – kept in the House)

_________ Podium – □ Large □ Small

Note: There is a dining room table with 10 chairs in the Center that can be used. The dining table cannot be moved from its position in the center of the room.

GARDEN USE (Capacity 150 – 100 for Sit-down Event)

_________ Round Folding Tables (11 - 60” & 2 - 48” available)

_________ Folding Chairs (not to exceed 100)

_________ 6’ Folding Tables (10 available)

_________ Podium – □ Large □ Small

_________ 1 Metal Trashcan – to be used only for BBQ coal disposal.

HOUSE & GARDEN USE

□ Garbage Cans w/Lids & Liners (6 available) □ Garbage Cans w/Lids (6 available) □ Coolers w/keys (4 available)

GROUNDS

□ Sprinklers Off □ Lawn Mowed/Weeding □ Walkways Swept/Hosed Off □ Exterior Clean-up & Garbage Removal

□ Barbecue (Hose & Fire Extinguisher in garage)

□ HVAC (Heating & Cooling) SERVICES Date(s): ___________ Time(s): ___________

□ RECYCLING SERVICE (Free service provided by AS Recycling)

□ ELECTRICAL SERVICES

Pre-event meeting with FMS REQUIRED for all requests requiring any electrical assistance. Call 898-6222 to set up a meeting.

Enter name/phone of person that has knowledge of electrical needs. Name: ____________________________ Phone: ____________________________

MISC SERVICES. **Forms available at the Facilities Reservations website: http://www.csuchico.edu/upe/facres**

□ Food - Prep/Cook (Complete-Application for Food Serving Permit**)

□ Campus Tent (Complete-Campus Tent Request Form**)

□ Media (microphone, speakers, projector, etc.) (Complete-AV Technology/Theatre Use Planning Form**)

□ OTHER

Approval from President’s Office – Date: ___________

CAF - □ State □ Auxiliary CAF # ___________

(The initial date request must be made through the President’s Office – x5201)

***OFFICE USE ONLY***
Event Setup Guide - Albert E. Warrens Reception Center

***Please mark where you would like the desired equipment set-up and submit with the AEWC Request Form.***
ALBERT E. WARRENS RECEPTION CENTER

*Event User/Coordinator/Sponsor - CHECK OFF LIST*

*The event coordinator will be responsible for completing this form making sure the facility is vacant, and locking up the facility when the event is complete.

Name: __________________________________________

Event: __________________________________________

Date: __________________________________________

Please Use the Following Checklist After Using the Kitchen

**Kitchen Equipment**

Did you -

1) Use the oven or stove?
   - Are they turned off and clean?
   - Yes  [ ] No  [ ]

2) Use the refrigerator?
   - Yes  [ ]
   - Is it empty and wiped clean?
   - Yes  [ ]

3) Use the microwave?
   - Yes  [ ]
   - Is it clean?
   - Yes  [ ]

4) Use the dishwasher?
   - Yes  [ ]
   - Is it off and clean?
   - Yes  [ ]

**General Kitchen Clean up**

Have you -

1) Cleaned off counters and tabletops?
   - Yes  [ ]

2) Cleaned the sink?
   - Yes  [ ]

3) Swept kitchen floor?
   - Yes  [ ]

4) Cleaned the cabinet doors?
   - Yes  [ ]

*Cleaning materials are under the kitchen sink, terry towels are in the cabinet above the sink, and brooms are in the closet by the double glass back doors.*

**Facility Lock up. Have you**

1) Turned off all lights?
   - Yes  [ ]

2) Locked all doors upstairs and down?
   - Yes  [ ]

3) Locked up garage?
   - Yes  [ ]

4) Locked all gates?
   - Yes  [ ]

5) Remember that the white gates must be locked from both sides?

**Final Step**

***Please sign and leave completed form on the clipboard on the kitchen counter.***

Signature: __________________________ Date: ________________