



Albert E. Warren's Reception Center Request Form

(AEWC)

Today Decides Tomorrow *Submit completed form(s) & CAF to Facilities Reservations–Zip 720/Fax: 530-898-4359* CALIFORNIA STATE UNIVERSITY, CHICO

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. Warrens 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/fres>).

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/fres>**

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) _____ HOUSE _____ GARDEN

GROUND

Sprinklers Off Lawns 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/fres>**

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****)

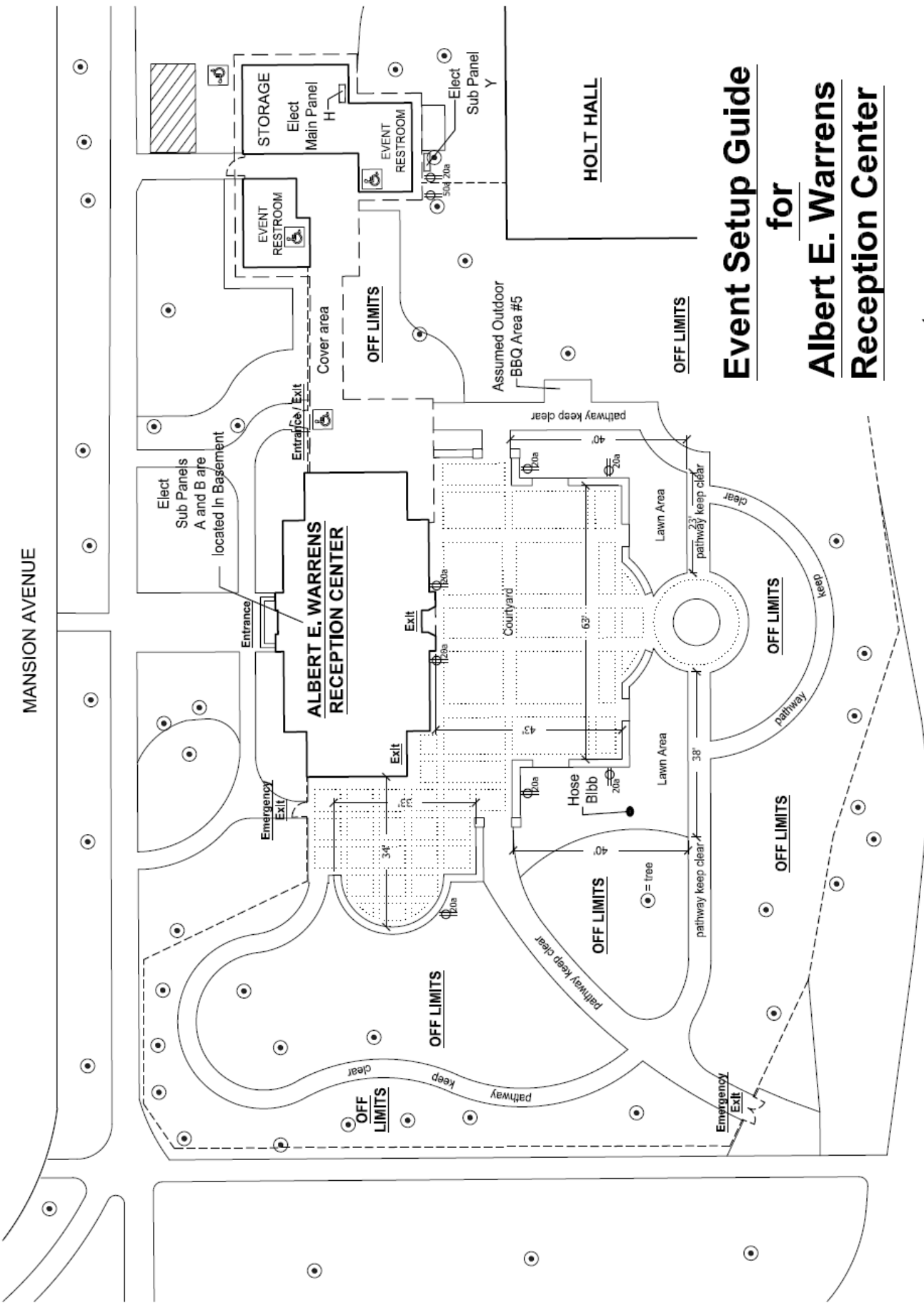
OTHER

Approval from President's Office – Date: _____ CAF - State Auxiliary CAF # _____

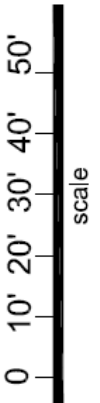
(The initial date request must be made through the President's Office – x5201)

OFFICE USE ONLY

Facilities Reservations (Facility Confirmation)



Event Setup Guide for Albert E. Warrens Reception Center



Please mark where you would like the desired equipment set-up *
and

Submit with AEWRC 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
 Yes
- 2) Use the refrigerator?
Is it empty and wiped clean? Yes No
 Yes
- 3) Use the microwave?
Is it clean? Yes No
 Yes
- 4) Use the dishwasher?
Is it off and clean? Yes No
 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:** _____