

Request for Reservation of College Facilities

College of the Redwoods

7351 Tompkins Hill Rd. Eureka, CA 95501

Phone: 707-476-4380 / Fax: 707-476-4400

Submit completed form to Amy-Chase@redwoods.edu

Name of Organization/Group/Department: _____

Address: _____

Contact Name: _____ Phone Number: _____

Email: _____

Activity/Event Name/Meeting: _____

Number of People Expected: _____ Admission/Class Fee? _____ Food/Refreshments Served? Y N

Dates of Use	Hours of Use

<u>Location</u>
<input type="checkbox"/> Theater <input type="checkbox"/> Gym
<input type="checkbox"/> Fieldhouse
<input type="checkbox"/> Lecture Hall
<input type="checkbox"/> Classroom
<input type="checkbox"/> Conference Room

<u>Maintenance/Facilities Needs</u>
<input type="checkbox"/> 6' tables____
<input type="checkbox"/> Folding Chairs____
<input type="checkbox"/> Trash Cans____
<input type="checkbox"/> Recycle Cans____
<input type="checkbox"/> Other_____

<u>IT/Tech Support Needs</u>
<input type="checkbox"/> Computer/Projector
<input type="checkbox"/> Laptop
<input type="checkbox"/> Portable Audio/Microphone
<input type="checkbox"/> On-Site Tech Support

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 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 and understand Board Policy No. 6700 _____ Initials

Signature

Date

ORGANIZATIONS MUST ATTACH PROOF OF INSURANCE WITH COMBINED SINGLE LIMITS OF \$1,000,000 AND INSURED ENDORSEMENT NAMING COLLEGE OF THE REDWOODS COMMUNITY COLLEGE DISTRICT AS AN ADDITIONAL INSURED



FACILITY USE RATES

		½ Day (4hrs min)	All Day (8hrs max)
Theater	Public	\$200	\$400
	Non-Profit	\$100	\$200
	Public Entity (School, County, State)	No Charge*	No Charge*
Classroom or Computer Lab	Public	\$100	\$200
	Non-Profit	\$50	\$100
	Public Entity (School, County, State)	No Charge*	No Charge*
Gymnasium or Fieldhouse	Public	\$200	\$400
	Non-Profit	\$100	\$200
	Public Entity (School, County, State)	No Charge*	No Charge*
Outdoor Athletic Facility/Field	Public	\$100	\$200
	Non-Profit	\$50	\$100
	Public Entity (School, County, State)	No Charge*	No Charge*

* All reservations are subject to the following personnel cost

- Custodial \$30 per hour
- Gardeners \$40 per hour
- Campus Safety \$50 per hour
- Maintenance Staff \$50 per hour
- IT \$80 per hour

* Large crowds require additional Campus Safety and will be assessed on a case-by-case basis with CR's Police Department prior to approval.