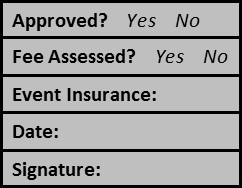
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**BOYD COUNTY EXTENSION SERVICE**

**BUILDING RESERVATION APPLICATION**

Return this form to: Boyd County Extension, 2420 Center Street, Catlettsburg, KY 41129

Phone: (606)739-5184 Fax: (606)739-4014

Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting Begins: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time to Begin Setup: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cleanup Finished by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Purpose of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **FACILITY** | **ROOM** | **ADDITIONAL USE** |
| Catlettsburg Office | *Catlettsburg Office* ***ONLY*** | Kitchen (see guidelines) |
| Franks Building | Conference A (Stage, Screen) | Sound/A-V System (see guidelines) |
| Expo Building | Conference B (Kitchen) | TV/DVD Player/Projector |
|  | Conference A *AND* B |  |
|  | Board Room |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **ROOM SETUP** | **TYPE OF TABLE** | **CHAIRS** |
| Classroom Style | Rectangle (8’) | Rectangle  One Side Both Sides |
| Theatre Style | Round (5’ — Franks/Expo Bldg ONLY) | Number of Chairs per Side |
| Banquet Style |  | 2 3 |
|  |  | Round |
| U-Shaped |  | 4 5 6 |
| Square (Open or Closed) |  | All Chairs (No Tables) |

Additional Needs/Requests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*I have read and agree to adhere to the guidelines and rules regarding use of Extension facilities and equipment. In addition, I understand the Boyd County Extension Council/District Board is not responsible for accidents, injury, illness, or loss of group or individual property. I also understand that the Boyd County Cooperative Extension Service is organized to provide all members of the county the opportunity to participate in educational programs enabling them to more effectively contribute to the well-being of their families and community. All programs held at Extension facilities are open to all persons irrespective of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.*

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Applicant Signature | Extension Agent Signature |

**\*\*\*ALL APPLICATIONS WILL BE REVIEWED BEFORE APPROVAL\*\*\***

**ALL APPLICATIONS MUST BE RECEIVED BY THE 1st DAY OF THE PRIOR MONTH REQUESTED- NO EXCEPTIONS!**

**IF ANY USE EXTENDS BEYOND 2 DAYS, PRIOR APPROVAL MUST BE REQUESTED AND APPROVED FROM THE FACILITIES COMMITTEE** *REVISED JANUARY 2023*