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www.buckfoundation.org

APPLICATION FOR ESTATE USAGE

1. ORGANIZATION NAME _____

2. ADDRESS (INCLUDE STREET ADDRESS IF USING A POSTAL BOX)

3. EVENT COORDINATOR / PHONE _____

4. PROPOSED FUNCTION

DATE	TIME
SPACE <input type="radio"/> GROUNDS <input type="radio"/> HOUSE <input type="radio"/> CARRIAGE HOUSE	
NUMBER OF ATTENDEES	NUMBER OF STAFF/VOLUNTEERS
ANY SPECIAL EQUIPMENT REQUIRED?	
INSURANCE CARRIER	

5. DESCRIPTION & PURPOSE OF EVENT

6. CATERING INFORMATION / CATERER'S NAME

7. SUBMITTED BY _____ DATE _____

Please return this application to Robert Walker, Executive Director, PO Box 5610, Vacaville, CA 95696-5610. Fax to (707) 446-7766. Insurance certificate must be submitted two weeks prior to the event.