

APPLICATION FOR USE OF THE TED BLUM 4-H CENTER AND FACILITIES

Submit to	4-H Association			Today's Date:	
	Ted Blum 4-H Center 310 Milltown Road, Bridgewater NJ 08807 <u>Tedblummanager@gmail.com</u> 908-526-8242 (6-9PM)				
Name of 4-H	Club or Organizati	on			
Rooms reque	ested:				
Gree	n room	Lou	nge (2 nd Floor)	Blue Room	
Yello	w room	Gyn	n	Kitchen	
Red r	room	Out	side		
Request for r	nicrophone ye	es	no		
Number of pe	eople attending				
Name of Pers	son in charge of bu	ilding during	the event		
phone		email			
-			-	rge)	_
				_	
Signature			 .		
-	erving food to the	•			
				phone	
Have they go	ne through the 4-F	I food safety	and kitchen orient	ation class? yes no	
	Organizations ON	L Y : Make che	ecks payable to: Son	nerset County 4-H Association an	d attach
the certificat	•				
		*******	******	**********	******
4-H Associati	on use only				
Permission:	: Granted	Denied	Reason		
Donation_		Associat	ion Signature		