

WEST VALLEY COMMUNITY CAMPUS

226 SE Washington Street/PO Box 491 Willamina OR 97396

Rental Application

Date(s) Requested _____ **Number of Guests** _____

Name of Group/Organization/Business _____

Time Requested (include set up & clean up time) **OPEN** _____ **CLOSE** _____

Space(s) Requested: (check all that apply)

Auditorium _____ Classroom 9 _____ Gymnasium _____ **FIELDS:** Baseball _____ Football _____ Softball _____

Equipment Requested* :

Rectangular Tables # _____ Round Tables # _____ Chairs # _____

AV Screen _____ DigProjector _____ Sound _____ Lighting _____

*equipment must be approved in advance. A technician may be required and fees may apply

Will food be served? _____ **Will Alcohol be served?** _____ (if yes, Alcohol Use Form must be completed)

Contact Person _____ **Phone Number** _____

Address _____

City _____ **State** _____ **Zip** _____

Email Address _____

Comments :

The Board of Directors reserves the right to approve or deny any rental application and/or waive the rental fee for any purpose it deems appropriate.

For reservations and/or questions please email rentals@westvalleycommunitycampus.org