

WEST VALLEY COMMUNITY CAMPUS

266 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 _____ Gymnasium _____ Classroom 9 _____ Classroom 11 _____ Band Room _____

FIELDS: Baseball _____ Football _____ Softball _____ Other _____

Equipment Requested :

Rectangular Tables (10 available) _____ Round Tables (12 available) _____

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