

WEST VALLEY COMMUNITY CAMPUS

Rental Application

266 SE Washington Street/PO Box 491
Willamina OR 97396

RENTAL INFORMATION

Name of Group/Organization/Business _____

Name of Event or Activity _____

Is this a Recurring Activity? _____ Number of Attendees _____

Date(s) Requested _____

Time Requested (include set up & clean up time) START _____ END _____

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

Auditorium _____ Gymnasium _____ Room 6 _____ Room 9 _____ Room 11 _____ Band Room _____

FIELDS: Baseball _____ Football _____ Softball _____ Other _____

Equipment Requested :

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

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 _____

Description and Additional Comments :

Submit a Rental Application form and a \$150 refundable cleaning deposit in order to hold a room reservation. 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 info@westvalleycommunitycampus.org or call 503-929-4037.