East Whatcom Regional Resource Center (EWRRC) 8251 Kendall Road, Maple Falls WA 98266 360-599-3944

ONGOING Reservation Form for Noncommercial Use

Start Date of Event:		Start Time:		End Time:			
Name of Appli	cant/Organization:						
Event Days (i.e	e. every Tuesday):						
Month:			Telephone #:				
Purpose of Rental:			Expected Attendance:				
Chairs Amount Rectangular Tables Amount Round Tables Amount Rental Rates: Non-commercial use during business hours incurs no cost if rental requirements are met.							
Rates: Per hour for rooms. Dishes per event.	1 Activity Room Section	2 Activity Room Sections	3 Activity Room Sections	Project Room	Kitchen	Dish use	
Mon. – Fri.	\$10				\$10	\$25	
Sat. Sun.	\$15	\$20	\$25	\$10	\$10	\$25	
Projec Kitche	t room hours	x (fee) x (fee)	= \$	x (# of weeks) x (# of weeks) x (# of weeks)			
Alcohol use fee*		(fee <u>) \$60</u>	_ = \$	x (# of weeks)	\$		

Monthly total due: \$_____

*Appropriate permits required. Must be submitted to the EWRRC Main Office at least 2 weeks prior to event.

For EWRRC Staff Use Only: Date of Payment: Re	Open at:	
Paid with:		By
Check, Payable to The Opportunity Council, #	Cash	Close at
Credit Card, Call 360-734-5121 ext. 1345	Permit(s) submitted	By

I have read the attached East Whatcom Regional Resource Center Rental Requirements and agree to be responsible for the use of the facility under those conditions. I also understand that if any of the rules are not observed, the facility may be closed and renter and all guests will be asked to leave. * Masks are optional unless otherwise required by a legal or health authority

Signed

Date

CANCELLATION AND REFUND POLICY: Cancellations made prior to arrival will result in refund of the fee less \$25.00 accounting fee.

AFTER HOURS ASSISTANCE: If the facility is locked at the scheduled time of your event, please call the EWRRC Coordinator at 360-721-1104. We apologize for any inconvenience in advance.