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

## **RESERVATION FORM for Noncommercial Use**

Date of Reservation:		Start Time:		End Time:		
Name of Applie	cant/Organization:					
Purpose of Ren	tal:					
Chairs Amount		Rectangular Tables Amount				bles Amount
Rental Rates: Non-commercial use during business hours incurs no cost if rental requirements are met.						
	1 Activity Room Section	2 Activity Room Sections	3 Activity Room Sections	Project Room	Kitchen	
Per hour rates						
М Б.	010	ф1 <i>Г</i>	<b>#20</b>	Ф10	¢10	
Mon. – Fri. Sat. Sun.	\$10 \$15	\$15 \$20	\$20 \$25	\$10 \$10	\$10 \$10	
Fee:	·	·	·	·	·	
Activity Room hours		x (fee)	= \$	x (# of weeks)	= \$	
Project room hours		x (fee)	=\$	x (# of weeks)	= \$	
Kitchen hours*						
Donation to support building use sponsorships = \$						
	Alcohol use fe	ee* (fee <u>) \$60</u>	_ = \$	x (# of weeks)	= \$	
*Appropriate permi	s required. Must be subr	nitted to the EWRRC Ma	in Office at least 2 weeks		thly total due:	\$
For EWRRC Staff Use Only: Date of Payment: Receipt # Op						Open at:
Paid with:				C	ash	By
Check, Payable to The Opportunity Council, # Credit Card, Call 360-734-5121 ext. 1345				Permit(s) submitted		Close at By
Creun		,121 CAL. 10 10				
those condition		that if any of the ru	ules are not observ	ed, the facility may		ole for the use of the facility under nter and all guests will be asked
Signed				Date		
						+0F.00 f

**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.