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

## **ONGOING Reservation Form for Commercial Use**

Start Date of Event:	Start Time:		End Time:			
Name of Applicant/Organiz	ation:					
Event Days (i.e. every Tues	day):					
Telephone #:						
Purpose of Rental:		Expected Attendance:				
Chairs Amount	Rectangular T	Tables	Amount	Round Tables		nount
<b>Space rental rates:</b>						
Per hour rates	1 Activity Room Section	2 Activity Room Sections	3 Activity Room Sections	Project Room	Kitchen	
Mon. – Fri.		\$30	\$40	\$20	\$20	
Sat. Sun.	\$20	\$30	\$40	\$20	\$20	
Monthly Fee:						
Activity Room hours_	x (fee)	= \$	_ x (# of weeks) _	= \$		
Project room hours						
	x (fee)					
Alcohol use fee*						
*Appropriate permits ro <mark>Masks</mark>	equired <b>s are optional unl</b>	<mark>ess otherwise r</mark> o	Monthly equired by a he	total due: \$alth or legal aut	hority.	
Masks are optional unless otherwise required by a health or legal authority.  For EWRRC Staff Use Only: Date of Payment: Receipt #:						
Paid with:  Check, Payable to The Op  Credit Card, Call 360-73		Open at: By Close at By		_		
I have read the attached Ea use of the facility under thos and renter and all guests wi	se conditions. I also	o understand that				
SignedDate						

**CANCELLATION AND REFUND POLICY:** Cancellations made more that 14 days prior to arrival will result in refund of the fee less \$25.00 accounting fee. Cancellations made less than 14 days prior to arrival will result in forfeiture of the fee, unless the facilities are rebooked, less \$50.00 accounting fee.

**AFTER HOURS ASSISTANCE:** If the facility is locked at the scheduled time of your event, please call the EWRRC Coordinator at 360-603-5030 or 971-236-1799. If after leaving a message at these numbers you do not hear back in a timely manner please call at 360-988-6116 or our volunteer open/closer at 360-599-1150. We apologize for any inconvenience in advance.