

**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 Applicant/Organization: _____

Event Days (i.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	\$15	\$20	\$10	\$10	\$25
Sat. Sun.	\$15	\$20	\$25	\$10	\$10	\$25

Monthly Fee:

Activity Room hours _____ x (fee) _____ = \$ _____ x (# of weeks) _____ = \$ _____

Project room hours _____ x (fee) _____ = \$ _____ x (# of weeks) _____ = \$ _____

Kitchen hours* _____ x (fee) _____ = \$ _____ x (# of weeks) _____ = \$ _____

Donation to support building use sponsorships _____ = \$ _____

Alcohol use fee* (fee) \$60 = \$ _____ x (# of weeks) _____ = \$ _____

Monthly total due: \$ _____

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

<p>For EWRRC Staff Use Only: Date of Payment: _____ Receipt #: _____</p> <p><input type="checkbox"/> Check, Payable to The Opportunity Council, # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card, Call 360-734-5121 ext. 1345</p> <p><input type="checkbox"/> Permit(s) submitted</p>	<p>Open at: _____ By _____ Close at _____ By _____</p>
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Masks are optional unless otherwise required by a legal or health authority.

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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.

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 360-603-5030 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.