

POWELL BUTTE COMMUNITY CENTER

P. O. Box 87

8404 SW Reif Rd.

Powell Butte, OR 97753

www.pb-center.com

BOOKING REQUEST – FACILITY USE DETAILS

Name of Organization _____

Responsible Party _____ **Phone** _____

Address _____

City/ State/ Zip _____

Contact email (required) _____

Alternate Responsible Party _____

Email _____ Phone _____

Date requested: 1st choice _____ 2nd choice: _____

Facility requested: (maximum occupancy in brackets)

Conf Rm #1 (15 ppl) Conf Rm #2 (25 ppl) Kitchen/Alcove (30 ppl) Hall (300 ppl)

Time event will begin: _____

Time needed for set/up and clean/up? _____

Type of Event: _____ Expected # of attendees _____

Will alcohol be served? Yes No Non-profit/Benevolent Society

Please provide intended use of the facility and a description of activities connected to the event:

For a rental quote or questions on booking the facility:

1. Email this form to events@pb-center.com . A rental rate will be quoted to you based on the information provided on this form.
2. Your acceptance of the quote will generate a Rental Contract. The facilities deposit check and signed contract must be received by the Center to secure the date and facility. **If the event is in less than 30 days, contact events@pb-center.com immediately.**

Signature verifies accuracy of information and agreement with the terms herein. This form will become part of the Rental Contract.

Signature: _____ Date: _____