



## Venue Rental Application

Name (First, Last) \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Specific Area Requested:

Community Room

Entire Museum

Date of Reservation: \_\_\_\_\_

Total Number of Attendees Expected: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I prefer to be contacted by:

Phone

Email

Alcoholic beverages are permitted only within the restraints of the Oregon Liquor License Board.

Two week cancellation notice is required at penalty of deposit forfeiture.

Signature of Applicant: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_