

# POWELL BUTTE COMMUNITY CENTER

Mailing Address: P.O. Box 87 Powell Butte, OR 97753  
Physical Address: 8404 SW Reif Road Powell Butte, OR 97753  
Website: [www.pb-center.com](http://www.pb-center.com) Email: [events@pb-center.com](mailto:events@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: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_

Facility requested: (maximum occupancy in brackets)

Conf Rm #1 (15 ppl)  Conf Rm #2 (25 ppl)  Alcove (30 ppl)  Hall (225 ppl)  
 Kitchen

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 [events@pb-center.com](mailto: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](mailto: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: \_\_\_\_\_