## **POWELL BUTTE COMMUNITY CENTER**

P. O. Box 87

8404 SW Reif Rd.

Powell Butte, OR 97753

## **Community Program Application**

A Community Program is an endeavor open to and for the benefit of members of the community as individuals and/or the betterment of the community as a whole.

Name of Group/Program	
Contact individual	Phone
Contact email (required)	
Type of Event:	Estimated # of participants
Facility requested: (maximum occupancy in bracl	kets)
Board Rm (15 ppl) Conf Rm (25 ppl	I)
Frequency of use: Monthly Weekly	y Other
Day(s) requested:	Hours:
Private event (closed) Open to the	public Admission/membership fee charged
Please provide intended use of the facility, a desc Statement (use additional page if needed):	scription of activities, and/or your group's Mission
Process: Complete and submit this form to <u>even</u> availability. The Board of Directors will review th	
donations are welcome. THANK YOU FO  2. On occasion the group may be asked to r	to support and maintain the facility is appreciated. All OR YOUR SUPPORT OF THE CENTER. reschedule a date/time to accommodate a rental event. rograms. Your cooperation is appreciated.
	the oversight of the Board of the Powell Butte be of their facility use without approval of the Board. ncel a particular Program event, or restrict its activities.
Signature of applicant:	Date:
Board Use Only:	
Approved by Board (Date)	*
Declined by Board (Date)	Reason