WESTERN MENNONITE SCHOOL FACILITY RENTAL

Date Applied: _____ Group Requesting Usage: _____

Dates of Usage Requested: _____ In/Out Times: _____

Facilities Requested: (3 hour minimum)

1. KITCHEN / CAFETERIA
   a) _____ kitchen only $35/hour or _____ days @ $120/day …..…… (_____)
   b) _____ cafeteria only $30/hour or _____ days @ $100/day ……. (_____)
   c) _____ kitchen & cafeteria $50/hour or _____ days $210/day ……..…… (_____)

2. DORMITORY
   a) _____ adults (13+ years) @ $20/night ……..…… (_____)
   b) _____ children (0-12 yrs) @ $10/night (Maximum $65 per family per night) …… (_____)
   c) _____ lounge only $75/day …… (_____)

3. CAMPSITES
   a) _____ sites x _____ days @ $20 (no electrical hook-up) ……..……(_____)
   b) _____ sites x _____ days @ $25 (with electricity) ……..…… (_____)

4. GYMNASIUM
   a) _____ hrs @ $60/hour or _____ days @ $250/day ……..…….. (_____)

5. PAVILION

	1-50 in Group		***51 or more in Group***
a)	_____ first hour $45	d)	_____ first hour $60
b)	_____ each additional hour $30	e)	_____ each additional hour $30
c)	_____ daily maximum $140	f)	_____ daily maximum $250

   Equipment Requests: _____ # of Volleyballs _____ # of Basketballs
   _____ 1 Volleyball court _____ # of Soccer balls
   _____ 2 Volleyball courts

6. CHAPEL *(contingent on church usage)*
   a) _____ classrooms @$30/hour or _____ days @ $325/day…..…….. (_____)
   b) Sanctury (includes nursery) _____ hrs @ $90/hr or _____ days @ $325/day
   (If sound system is needed, trained school personnel must be scheduled at an additional $25/hr)
   c) Fellowship Room rental under separate contract with Western Mennonite Church

7. AD BUILDING
   a) _____ First 3 classrooms each $40/day ……. (_____)
   b) _____ Each additional classroom $25/day ……..…….. (_____)

8. GROUNDS
   a) No additional charge when other facilities are rented. Includes use of two restrooms in gym
   b) _____ In all other cases $75/hr ……..…… (_____)

Total Rental Fee $ _____
Less Deposit $ _____
Balance Received $ _____

Rates are subject to change without notice

Please return deposit with completed contract to:

CONTACT PERSON _____
ADDRESS _____
_____
PHONE _____
E-MAIL _____

Western Mennonite School
Von Hershberger
9045 Wallace Rd NW
Salem, OR 97304

Office Use Only: ***Dep Amt*** _____ ***Check #*** _____ ***Date Rec*** _____