

**WESTERN OREGON
UNIVERSITY**

**Wolverton Memorial Pool
Rental Request Form**

Purpose of Rental/Group Name: _____ Date: _____

Contact Person: _____ Phone: (____) _____

Address: _____
City State Zip

Date(s)/Time(s) of Rental: _____

Special needs or instructions: _____

Estimated Attendance: _____ Signature: _____ Date: _____

Cancelations must be received 48 hours in advance in writing

Office use only:

Date Request Rec'd: _____ Rec'd by: _____

Date Contract Rec'd: _____ Rec'd by: _____

Type (circle one): Inter-college Non-Profit Private

Rate: _____ x Hours: _____ + Other: _____

Total Amnt. Due: _____ Payment: ck# _____ cash Rec'd by: _____

Date Insurance Rec'd: _____ Rec'd by: _____