A close-up of a logo

AI-generated content may be incorrect.

**West Side Community Center**

21109 Bivalve Lodge RD, Bivalve MD 21814

**Rental Inquiry Form**

Thank you for your interest in renting space at the West Side Community Center (WSCC). Please complete this form and submit it to [info@westsidenow.org](mailto:info@westsidenow.org) for consideration. A WSNA representative will contact you shortly.

*Please print:*

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone: \_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**cell or landline**?)

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

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

**Renting as an** ❑ **Individual** **or** ❑ **Organization?**

**If Organization, name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

❑ For Profit ❑ Non-Profit ❑ Not-for-Profit

**Event Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requested Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requested Event Time – Start Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Need addit’l time for Set Up/Tear Down? If yes, Date: \_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_**

**Anticipated # of Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requested Area of Building:**  ❑ Gym ❑ Stage ❑ Outdoor Space ❑ Classroom

**Special Conditions:**

* Will you be using outside vendors (food, craft or commercial)? ❑ Yes ❑ No
* Do you intend to serve alcoholic beverages? ❑ Yes ❑ No
* Will you be using stakes (for tents, bounce houses, etc) ❑ Yes ❑ No

Additional Requests/Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_