

Washington School for the Deaf
Facilities Request Form
611 Grand Blvd. Vancouver, WA 98661
kim.inseth@wsd.wa.gov / (360) 696-6525 ext. 4362 (V/TTY)
(360) 418-0404 fax

Event _____ Contact Person _____

Address _____ City/State/Zip _____
(if PO Box, include street address)

Phone Number(s) _____ Email Address _____
(please provide at least two contact phone numbers)

Fax Number _____

Billing Information [] Check if same as above

Name/Company _____

Address _____ City/State/Zip _____

Phone Number _____ Email Address _____

Date _____ / Arrival Time _____ Departure Time _____

Facility _____ Number of People _____

Date _____ / Arrival Time _____ Departure Time _____

Facility _____ Number of People _____

Date _____ / Arrival Time _____ Departure Time _____

Facility _____ Number of People _____

Date _____ / Arrival Time _____ Departure Time _____

Facility _____ Number of People _____

Request for food services? ___ YES ___ NO

Audio/Visual Equipment (note additional fee involved):

___ Laptop running Windows 2000 (\$25.00 per hour)

___ Computer projector (\$50.00 per hour)

___ Portable Sound System (\$20.00 per hour)