



VETERANS OF FOREIGN WARS.

# Townsend VFW Post 6538

PO Box 207, West Townsend, MA 01474

Tel: (978)597-5644

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## VFW Function Hall Agreement

*For Office Use Only*

Date Reserved \_\_\_\_\_

Received by: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_ # of Guests \_\_\_\_\_

Event Type / Description: \_\_\_\_\_  Surprise Party

Food:  None  Bringing Own  Other Caterer \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone (H): \_\_\_\_\_

Address: \_\_\_\_\_ Phone (W): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Notes / Setup Instructions: \_\_\_\_\_

### **SMOKING or VAPING IS NOT PERMITTED IN ANY POST BUILDING AT ANYTIME**

- ▲ Please enclose a \$50.00 deposit and **Facility Insurance Waiver** within **5 days** to reserve the above time & date.
- ▲ Payment in full is due two weeks prior to the start of the event. Any fees owed for not reaching the minimum beverage purchase is due at the close of the event.
- ▲ The total number of guests must be confirmed 10 days before the event.
- ▲ Hall Closing Hours: Sunday-Thursday 10:00pm / Friday & Saturday 11:00pm.

**Morning/Afternoon rental times are 8am-4pm, Evening rental times are 6-10pm. 2 hour cleanup between.**

Function Hall Rental (4 Hours)	\$350.00	_____
Children's Birthday Party – 3 Hours (age 12 and under)	\$275.00	_____
Funeral Reception (payment due before or day of gathering)	\$250.00	_____
Bartender Set Up (up to 75 guests) *Bartenders are volunteer, tips appreciated	\$ 75.00	_____
Additional Bartender (Required if more than 75 Guests)	\$ 25.00	_____
Use of Kitchen (refrigerator, oven, stove top, microwave & dish washing)	\$50.00	_____
Member Discount	-\$100.00	_____

**Total Due** \_\_\_\_\_

**Date Received:** \_\_\_\_\_ **Less Deposit** \_\_\_\_\_ **\$ 50.00**

**Date Received:** \_\_\_\_\_ **Balance Due** \_\_\_\_\_

**Balance Due (must be paid 2 weeks in advance)**

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Minimum Beverage Fee \$100.00 for <40 guests or \$150.00 for 40 or more guests

I hereby have read and accept the terms and payment policies explained in this Agreement as well as the conditions outlined in the Conditions of Contract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_  
(Event Organizer / Contact Person)