



THE CLUB PUB APPLICATION

7639 North Centenary Road
Sodus, New York 14551
Mailing Address: P.O. Box 761
Williamson, New York 14589

Application Date: _____

Name of Applicant: _____ Telephone: _____

Address _____ Town: _____

Email: _____

Type of Event: _____ Max. Capacity: 100

Entry Time: _____ Event Time: _____ Departure Time: _____

Facility Rental: Member: \$150.00 plus \$150.00 Deposit
 Non-Member: \$200.00 plus \$200.00 Deposit

Separate Checks [1-Dep & 1-Fee] are to be made out to "The Club Pub".

Option Requested Facility Alone Facility w/Bar Facility w/ Pub Food
(CK one) Facility w/ Pub Food & Bar Prior Day Entry [\$100.00] Tent Rental [\$500.00]

Date Requested: _____ Number of People: _____

By signing this request, the applicant certifies and agrees that your group is to comply with the rules and Regulations defined in the attached Rules and Regulations.

Signature: _____ Date: _____

Deposit: _____ Fee: _____ Other: _____

Reservation Request Approved

I have received the \$ _____ deposit and rental fee of \$ _____ for use of the Pub.

Signature _____

Date _____