



RENTAL APPLICATION

The Club Pub



Mailing Address:
PO Box 761
Williamson, NY 14589

Physical Address:
7639 North Centenary Rd
Sodus, NY 14551

Application Date: _____

Name of Applicant: _____ Telephone: _____

Address _____

City, State Zip _____

Email: _____

Type of Event: _____ Max. Capacity: 100

Date of Event: _____ Estimated Number of People: _____

Entry Time: _____ Event Time: _____

Facility Rental: Member: \$200.00 plus \$200.00 Deposit
 Non-Member: \$250.00 plus \$250.00 Deposit

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]

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

Signature: _____

Deposit: _____ Fee: _____ Other: _____

Reservation Request Approved

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

Signature _____ Date _____