CLUB PUB

The Club Pub

Mailing Address:
PO Box 761 7

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:
	plus \$200.00 Deposit 50.00 plus \$250.00 Deposit
Option(s) Requested: Facility Alone Limited availabilit Facility with on-site cate	Facility w/Bar Prior Day Entry [\$100.00] y - please inquire to confirm: ————————————————————————————————————
By signing this request, the applicant certifies a Regulations defined in the published Rental Poli	nd agrees that your group is to comply with the rules and icies and Rules document.
The Club Pub may not be rented by a member for both come from a member.	or a non-member. Signed application and payment must
Signature:	
Deposit: Fee	:Other:
Reservation Request Approved	
I have received the \$ deposit and rental fee of \$ for use of the Pub.	
Signature	Date

Revised: March 2025