	RENTAL A	PPLICATION	
CLUB PUB	CLUB PUS		
	Mailing Address: PO Box 761 Williamson, NY 14589	<i>Physical Address:</i> 7639 North Centenary Rd Sodus, NY 14551	
Application Date:			
Name of Applicant:		Telephone:	
Address			
City, State Zip			
Email:			
Type of Event:		Max. Capa	acity: 100
Date of Event:	Estim	ated Number of People:	
Entry Time:	Even	t Time:	
Option(s) Requested:	Limited availability - please	•	ry [\$100.00]
Regulations defined in the p	ublished Rental Policies an		
both come from a member.	ntea by a member for a noi	n-member. Signed application of	ana payment must
Signature:			
Deposit:	Fee:	Other: _	
	Reservation Rec	<u>quest Approved</u>	
I have received the \$_	deposit and r	ental fee of \$1	for use of the Pub.
Signature		Date	