

Townsend VFW Post 6538

PO Box 207, West Townsend, MA 01474

Tel: (978)597-5644

PostManager@TownsendVFW.org

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 12:00am.
- ⤴ **NEW Townsend Law for one (1) day Liquor License requires a 30 day notice – No Exceptions!**

Morning/Afternoon rental times are 8am-4pm, Evening rental times are 6-11pm. 2 hour cleanup between.

Function Hall Rental (4 Hours) \$ 250.00 _____

Children's Birthday Party – 3 Hours (age 12 and under) \$ 150.00 _____

Funeral Reception (payment due before or day of gathering) \$ 100.00 _____

Liquor License Fee (1 Day license) \$ 20.00 _____

Bartender (up to 75 guests. 75 guests or above requires 2nd bartender) \$ 50.00 _____

Additional Bartender \$ 25.00 _____

Linen Rental – all linen is rented by each piece and is standard White

• Tablecloths - \$ 4.00 x _____ tablecloths = _____

• Chair Cover - \$ 2.00 x _____ covers = _____

• Napkins - \$.50 x _____ napkins = _____

• Color Tablecloths - \$ 5.00 x _____ tablecloths = _____

3 week notice required for color items.

Total Linen \$ _____

Use of Kitchen (refrigerator, oven, stove top, microwave & dish washing) \$ 40.00 _____

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

Balance Due (must be paid 2 weeks in advance) = _____

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)