

**The American Legion
William C. Dexter Post 673
113 East Dexter Street, PO Box 141
Black River, NY 13612**

Dining Room/Pavilion Rental Agreement

Date of Event: _____ Time of Event: _____

Renter's Name: _____ Phone Numbers: _____

Address: _____

Number of guests attending (not to exceed 180 standing; 120 seated): _____

Rental costs involved: (Dining Room and/or Pavilion)

- 1 _____ \$100 Security Deposit Required (regardless of Membership or Organization status and will be returned if no damage or violations occur).
- 2 _____ \$165 Non-Member Org. rental (which includes a non-refundable \$40 room cleaning fee).
_____ \$100 Member Affiliated rental (which includes a non-refundable \$40 room cleaning fee).
- 3 _____ \$100 Kitchen rental (which includes a refundable \$25 cleaning fee)
- 4 _____ NOTE: If both the Dining Room and the Pavilion are rented at the same time; the above prices will be charged for both facilities, with the exception of #3 above.
- 5 _____ No Rental cost for Member Affiliated Funeral Wakes (except for a refundable \$40 room cleaning fee if renter chooses to clean up afterwards, if not the cleaning fee is non-refundable).

(Verified by Legion Officer or Steward) Signature: _____

TOTAL AMOUNT DUE PRIOR TO START OF EVENT/FUNCTION \$ _____

Setup Date/Time: _____

Auxiliary Unit 673 Catered? (Yes / No) _____

Date Deposit Received: _____ Deposit Return Date: _____

Steward's Signature: _____

I have read and understand the Dining Room/Pavilion Rental Agreement Terms as presented to me by the Steward of the American Legion William C. Dexter Post 673.

Renter's Signature: _____