

The Bristol Polish American Citizens Club
 541 North Main Street, Bristol, CT. 06010

Hall Rental Application

Everyone must be 21 or accompanied by a parent or legal guardian.

Date of Party _____ Time of Party _____ No. of people attending _____

Applicant must be in attendance of function. Type of party _____

Person in charge: Name _____ MEMBER Y / N
 Street Address _____ Tel # H _____
 City/State/Zip _____ C _____

**No refunds within 30 days of scheduled affair.

| | | | | |
|------------|----------------|------------------|----------------|--------------------|
| Large Hall | _____ \$350.00 | Security Deposit | _____ \$100.00 | _____ |
| Small Hall | _____ \$100.00 | Security Deposit | _____ \$100.00 | _____ |
| Kitchen | _____ \$ 75.00 | Security Deposit | _____ \$ 75.00 | _____ |
| Wheel | _____ \$ 25.00 | Security Deposit | _____ \$ 25.00 | _____ |
| | | | | Total _____ |

**Security Deposit Return within 2 days of Party.

THE APPLICANT WILL BE RESPONSIBLE FOR ALL DAMAGES.

The renter hereby agrees to hold harmless and indemnify the Bristol Polish American Citizens Club, Inc. from any and all claims, damages, action,, suits, proceedings, judgement, costs and expenses arising from or in consequence of the rental.

Received by _____ Date _____

Signature of Applicant _____ Date _____

CASH BAR/OPEN BAR _____ \$7.00 OPEN BAR _____ \$8.00 OPEN BAR _____ \$9.00
 OPEN BAR _____ \$10.00 OPEN BAR _____ \$12.00

*****SHOTS ARE NOT INCLUDED IN OPEN BAR, CASH ONLY FOR SHOTS*****

NO SUBSTITUTIONS

No refunds within 30 days of scheduled affair.

Security Deposit Return within 2 days of Party.

APPLICANT'S RECEIPT

it is illegal to bring your own liquor into the hall. The renter hereby agrees to hold harmless and indemnify the Bristol Polish American Citizens Club, Inc. from any and all claims, damages, action,, suits, proceedings, judgement, costs and expenses arising from or in consequence of the rental. Open bar is 4 hours. **Balance due 14 days prior to date of party.** Hall must be cleaned to original appearance at the end of function. Applicant will be responsible for all damages.

Received from: _____ Phone # _____

Amount Paid: \$ _____ Check# _____ Balance Amt due: _____ Date _____

Authorized by: _____ Date _____