



Greenwood Memorial

Veterans of Foreign Wars Post 5864

333 S. Washington St. -- Greenwood, IN 46143 -- 317-888-2488

-- Banquet Room and / or Shelter House Rental Agreement --

- Banquet Room Rental – Non-Member
- Shelter House Rental – Non-Member
- Banquet Room Rental – VFW 5864 Member
- Shelter House Rental – VFW 5864 Member

Today's Date _____ Rental Date _____

Renter's Name _____ Rental Time: From _____ To _____

Renter's Address: _____ Cell #: _____

City / State / Zip: _____ e-mail: _____

VFW Member's Name: _____ Copy of Card No. of Attendees _____

Event or Purpose for Rental: _____ Discount

-- Banquet Room and / or Shelter House Costs --

Rental Cost\$ _____
(20% Discount if a veteran or 30% Discount if a VFW 5864 member and we have proof)

Deposit ** \$ **125.00**

Bartender Cost (Minimum of \$125 for 5 hours – If any alcoholic beverages are served) \$ _____

Kegs of Beer: (\$170 per keg x number of kegs _____ and Brand _____) \$ _____

Soft Drinks: (Minimum of \$75 for unlimited Soft Drinks) \$ _____

Catering Charges – (Menu is on a separate sheet) \$ _____

Round Tables Needed -- _____ Rectangular Tables Needed -- _____ \$ **No Charge**

Total Cost..... \$ _____

(1) Deposit or Money Paid – Receipt # _____ -- \$ _____

(1) Date Paid _____ Cash Check # _____ Credit Card

(1) New Balance if Any = \$ _____

(2) Deposit or Money Paid – Receipt # _____ -- \$ _____

(2) Date Paid _____ Cash Check # _____ Credit Card

(2) New Balance if Any = \$ _____

(3) Deposit or Money Paid – Receipt # _____ -- \$ _____

(3) Date Paid _____ Cash Check # _____ Credit Card

(3) New Balance if Any = \$ _____

(4) Deposit or Money Paid – Receipt # _____ -- \$ _____

(4) Date Paid _____ Cash Check # _____ Credit Card

(4) New Balance if Any = \$ _____

New Balance If Any – TO BE PAID TEN (10) DAYS PRIOR TO THE EVENT = \$ _____

** Refund of \$125 Deposit will be made within 10 (ten) days of the event by U.S. Mail, if the room is properly cleaned and returned to the same condition as when it was rented (See Items 15 and 18 on reverse side)

Bar Manager or Representative _____ Date _____

Refund of \$ _____ is Approved Disapproved _____ Manager's Initials