



The American Legion Veterans of America Post 394
396 Cogan Dr, Palm Bay, FL 32909
321-726-9777

Hall Rental Request Form

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Email: \_\_\_\_\_

DAY and DATE REQUESTED FOR FUNCTION: \_\_\_\_\_

START TIME: \_\_\_\_\_ FINISH TIME: \_\_\_\_\_

Celebration of Life FREE [ ] Paid Member \$350 4hrs Plus \$100 Deposit [ ] Non-Member \$450 4hrs Plus \$100 Deposit [ ]
Paid Member \$160 2hrs Plus \$50 Deposit [ ] Non-Member \$225 2hrs Plus \$50 Deposit [ ]

MEMBER INFO: LEGION [ ] AUX [ ] SONS [ ] RIDERS [ ] CARD YEAR \_\_\_\_\_ MEMBER No: \_\_\_\_\_

TYPE OF EVENT \_\_\_\_\_ GUEST COUNT: \_\_\_\_\_

Comments:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Requested Date Verified by 2nd Vice Commander \_\_\_\_\_ Init. \_\_\_\_\_

Deposit Collected: [ ] Date: \_\_\_\_\_ Method: CASH [ ] CHECK [ ] CREDIT [ ]

Payment Received by: \_\_\_\_\_ Bank & Check # \_\_\_\_\_
c/c Register Receipt # \_\_\_\_\_
PRINT NAME INIT.

NOTE:
1. Hall Rental: 2 Hour Minimum, 4 Hour Maximum.
2. Deposit required to secure Hall Rental Date.
3. Balance due no later than 1 week prior to rental date.
4. Renter is responsible for "Set-Up", "Break-Down" and Clean-Up of Hall.
5. Set-Up, Break-Down and Clean-Up:
\*Set-Up and Break-Down Includes set All Tables and Chairs before the event and Break-Down of Tables and Chairs after the event
\*Clean-Up Includes All Floors must be swept, and if needed, washed.
\*All Trash must be collected and put in the dumpster.
6. Deposit will be returned if the above policies are completed and acceptable by an appointed Post 394 Officer.
7. CANCELLATION:
\*Cancelation can be made Up To 1 week Prior to Event Date in order to receive the Full Deposit Refund.
\*Any Cancellation done within the 1 week prior to the event means forfeiture of deposit.
Renter acknowledges the above policies: \_\_\_\_\_ Signature of Renter

Above Policies found to be Acceptable by: \_\_\_\_\_ PRINT NAME INIT.

Deposit Returned: DATE: \_\_\_\_\_ CHECK # \_\_\_\_\_ AMOUNT: \_\_\_\_\_