



VETERANS OF FOREIGN WARS
 ANTIOCH POST NO. 6435
 815 FULTON SHIPYARD RD.
 ANTIOCH CA 94509-1975
 PHONE (925) 757-2010

MEMORIAL RENTAL CONTRACT DATE _____

The facilities cannot be rented past **4 hours**. To secure a date **\$100 non-refundable** deposit must be made. Deposit will apply towards rent. All payments made less than 14 days before function must be paid in cash or certified check. Hall rental must be left as found for deposit return. Garbage removed, floors, tables & kitchen clean.

A **\$150.00** cash Security, Damage/Cleaning deposit must be made prior to function. Upon inspection if no damage or clean up are found, **Deposit to be return within 3 days**

NO ALCOHOLIC BEVERAGES will be brought onto the premises. Alcoholic beverage outside of building will not be allowed. **Violation of said rules will terminate function & lost of security deposit.**

Function: Memorial Number of guests _____ Kitchen use must be clean for deposit return.

Memorial fee: \$100 Hr Non-Veteran - \$75 Hr Veteran - \$25 Hr V.F.W. Veteran (card #) _____

Memorial for V.F.W. Post 6435 Member# _____ Free Hall use

Memorial Date: ___/___/___ Time: _____ Total Hours _____ Fee _____

Security/Damage/Cleaning/Deposit **\$150** Check # _____ Cash _____ Total _____

Cash Final Payment Due 7 days before function: Amount Due _____

Comments Full Hall is limited to 290 persons. Persons 16 years and younger must leave the premises by 10:00 p.m. For safety reasons, children will not play in the parking lot, kitchen, main entryway or club room.

The hall can not be rented to person under **21** years of age. A.B.C. Law.

Unruly behavior or failure to follow these rules may result in immediate cancellation of function and forfeiture security, damage / cleaning deposit. Person renting facilities is responsible for guests behavior.

THIS IS A WAIVER AND RELEASE. READ IT CAREFULLY BEFORE SIGNING IT.

My signature certifies that I have read the conditions as set forth by the Veterans of Foreign Wars, Antioch Post 6453 governing the use of the items specified above; that I will take full responsibility for seeing that the use of these facilities/area by the organization/group I represent is in full adherence and compliance with these conditions; that I will hold the Veterans of Foreign Wars Post 6435 harmless from any damage, claim for damage for personal injury or death, damage to or loss of property incurred in the use of these facilities/area; that if there are any minors in the group using the facilities/area, I will accept full responsibility for them throughout the period covered by this Application Permit. **I HAVE READ THIS RELEASE CAREFULLY. I UNDERSTAND AND ASSUME THE RISK INVOLVED. BY SIGNING, I GIVE UP MY RIGHT TO SUE.**

Print Name _____ Address: _____ ZIP _____

Renter: _____ Phone # _____ VFW Representative _____