

**Banquet Room Contract**

St. Francis Ushers Club

9085 S. Main Street

P.O. Box 257

McKean, Pa 16426

(814) 476-7400

* A $100.00 Room Fee to secure the date will need to be paid and submitted with this contract.
* Must give 30-day cancelation notice for refund of deposit.
* Lessee assumes responsibility for all guests during the event. No alcohol is permitted to leave the banquet room.
* Lessee agrees not to make any attachment to the structure, walls, or ceiling of the facility for decoration or for any other purpose unless approved by management.
* Lessee agrees that only Club Caterers and Bartenders will be used.
* Lessee also agrees, if function continues past four hours, applicable fees will apply.
* All details need to be finalized two weeks prior to the event.
* The Club is not responsible for any lost or stolen items.
* All incurred fees must be paid on the day of the event.
* **Due to health board regulations, we are unable to give you any leftover banquet food.**
* You will be charged by the number of guests you book.
* Open candles on the table are forbidden (must be in water or have hurricane type covers).
* Smoking/Vaping inside the building is prohibited.
* Buffet includes linen, China, and silverware.
* Ala-Cart trays include paper plates & plastic silverware.
* **No confetti, glitter of any type.**
* **No outside Food or Alcohol are allowed to be brought in. Desserts will be allowed.**

**A $50.00 fee will be assessed on any returned checks.**

**Date of Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Lessee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In Case further information is needed, please fill out the following section:**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Member Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**