**ST. FRANCIS USHERS CLUB**

**9085 S. MAIN STREET**

**P. O. BOX 257**

**MCKEAN PA 16426**

**814-476-7400**

**Banquet Room Contract**

Permission is hereby granted to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (lessee) to use the St. Francis Ushers Club on the \_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ for the purpose of a four hour function.

\*A $ 100.00 Room Fee to secure the date will need to be paid and submitted with this contract.

\*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 decorations 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 according to bar package chosen.

\*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 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 inside the building is prohibited.

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

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

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

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

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

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

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

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