PAVILION EVENT

Lessee Name: _____ Lessee Phone Number: _____

Lessee Address: _____

Event Date: _____ Event Hours: _____AM/PM to _____AM/PM

Purpose: _____ Number of Guests: _____(Capacity of 100 ppl)

****** Deposit must be paid with this application to hold the date. ******

PRICES ARE AS FOLLOWS: For a 4-hour rental plus 2 hours for set up and clean up.

VFW Members or Auxiliary Members
(You must show current member card)

Deposit - $100.00 _____

Pavillion - $150.00 _____

Extend hours @ $75.00 per hour ____

Port-a-Potty - $150.00-$250.00 ____

Non-Members of the VFW
(No exceptions for friends or family of a member)

Deposit - $150.00 _____

Pavillion - $225.00 _____

Extend hours @ $100.00 per hour _____

Port-a-Potty - $150.00-$250.00 _____

(Cost of Port-a-Potty depends upon kind, standard vs accessible, it may not be required if indoor bathrooms are available)

Bartender - $175.00 ____ (For 4 Hours of Service)

Extend Bar @ $25.00/hr. ____

Additional Items _____

Bartender - $175.00 ____

Extend Bar @ $25.00 /hr. ____

Additional Items _____

TOTAL DONATION: _____

DEPOSIT PAID ON: _____

BALANCE OWED: _____

BALANCE DUE BY: _____

TOTAL DONATION: _____

DEPOSIT PAID ON: _____

BALANCE OWED: _____

BALANCE DUE BY: _____

BALANCE MUST BE PAID IN FULL 2 WEEKS BEFORE YOUR EVENT

I _____ agree to the above costs and conditions for rental of space and services for my event at Cambridge VFW Post 7460 on _____. I acknowledge that my deposit will not be refunded if the facility is not left clean and cleared after the event. Leave the space as you found it and your deposit will be refunded by check within 5 days following your event.

Lessee Signature: _____ Date: _____

VFW Post 7460 Representative: _____ Date: _____

CANCELLATIONS: Deposit will be refunded by check if we are given notice in writing at least 20 days before the date of your event.

Revised on 8/4/2025