

BUSINESS ADDRESS

375 FOUNDRY STREET (RT. 106)
NORTH EASTON, MA 02356-2726
508.238.7585



MAILING ADDRESS

P.O. Box 238
NORTH EASTON, MA 02356-0238
508.238.1391

EASTON KNIGHTS OF COLUMBUS COUNCIL NO. 238

www.eastonkofc.org

FUNCTION HALL RENTAL APPLICATION

PLEASE TYPE OR PRINT CLEARLY & CHECK ALL THAT APPLY:

CONTACT INFORMATION:

FULL NAME: _____ DATE OF BIRTH: _____
(LAST) (FIRST) (MI) (MONTH / DAY / YEAR)

HOME ADDRESS: _____
(STREET & NUMBER) (CITY) (STATE) (ZIP)

HOME TELEPHONE NO.: _____ CELL TELEPHONE NO.: _____
(AREA CODE) (PHONE NUMBER) (AREA CODE) (PHONE NUMBER)

ARE YOU A MEMBER OF THE KNIGHTS OF COLUMBUS? NO YES, MEMBERSHIP No.: _____

DESCRIPTION:

TYPE OF EVENT:

- ANNIVERSARY BEREAVEMENT BIRTHDAY FUNDRAISER MEETING SOCIAL WEDDING
- OTHER: _____
(TYPE OF EVENT)

ATTENDANCE:

- 0-25 26-50 51-75 76-100 101-125 126-150 151-175 176-200 200+

DETAIL (*REQUIRED IF MORE THAN 100 GUESTS IN ATTENDANCE):

- EASTON FIRE WATCH DETAIL* EASTON POLICE DETAIL

DATE & TIME:

DAY:

- SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

MONTH:

- JANUARY FEBRUARY MARCH APRIL MAY JUNE
- JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER

DATE:

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
- 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

YEAR:

- 2010 2011

TIME (START):

- 9:00 AM 10:00 AM 11:00 AM 12:00 Noon 1:00 PM
- 2:00 PM 3:00 PM 4:00 PM 5:00 PM 6:00 PM 7:00 PM

TIME (END):

- 1:00 PM 2:00 PM 3:00 PM 4:00 PM 5:00 PM
- 6:00 PM 7:00 PM 8:00 PM 9:00 PM 10:00 PM 11:00 PM

STAFF:

BARTENDERS REQUESTED:

0 1 2 3 4 SPECIFIC REQUEST: _____
(NAME OF BARTENDER)

USE OF THE KITCHEN:

NO YES CATERER: _____
(NAME OF CATERER OR CONSUMABLES PROVIDER)

ENTERTAINMENT:

NONE BAND D.J. OTHER PROVIDED BY: _____
(NAME OF ENTERTAINMENT PROVIDER)

AMENITIES:

USE OF FUNCTION HALL FEATURES:

NONE CHARLES D. PINE ROOM OVERHEAD (AUXILIARY & CD & RADIO) STEREO

WIDESCREEN HD PROJECTION (CABLE & DVD) TV OTHER: _____
(DESCRIBE)

HALL SETTINGS:

HEAD TABLE SETUP:

NO YES LOCATION: _____
(PROXIMITY OF HEAD TABLE LOCATION)

SEATS PER HEAD TABLE:

0 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20

NUMBER OF RECTANGULAR TABLES SETUP:

0 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20

SEATS PER RECTANGULAR TABLE:

0 1 2 3 4 5 6 7 8 9 10

NUMBER OF ROUND TABLES SETUP:

0 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20

SEATS PER ROUND TABLE:

0 1 2 3 4 5 6 7 8 9 10

ACCESSORY/RECEPTION TABLES SETUP:

NO YES DESCRIPTION: _____
(DESCRIPTION & PROXIMITY OF ACCESSORY/RECEPTION TABLES LOCATION)

PAYMENT REQUIRED: *To Be Completed By Columbian Corporation Representative*

PRICE OF EVENT:

\$ _____ + \$ _____ + \$ _____ + \$ _____ + \$ _____ + \$ _____ = \$ _____
(TOTAL BALANCE)

DEPOSIT:

DATE OF EVENT IS LESS THAN 60 DAYS FROM DATE OF BOOKING = TOTAL BALANCE (PAID-IN-FULL)

DATE OF EVENT IS NOT LESS THAN 60 DAYS FROM DATE OF BOOKING = TOTAL BALANCE ÷ 2 (PAID-TO-DATE)

BALANCE IN THE AMOUNT OF \$ _____ RECEIVED BY: _____ ON _____
(MM/DD/YY)

MAKE CHECK OR MONEY ORDER PAYABLE TO THE COLUMBIAN CORPORATION: _____
(CHECK NUMBER)