



RESERVATION FORM
 Trustees Of Masonic Hall and Asylum Fund
 71 West 23rd Street. Suite 1003
 New York, NY 10010
 Phone: 212-337-6616
 Email: NKELLY@MASONICALLNYC.ORG

Contact Information

Company Name: _____ Contact Name: _____
 Phone Number: _____ Fax Number: _____ Email: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

Event Information

Name of Event: _____
 List of Event Dates: _____

 Event Starting Time: _____ Expected Ending Time: _____ Number of Attendees: _____

Available Rooms

- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Grand Lodge | <input type="checkbox"/> French Doric | <input type="checkbox"/> French Ionic |
| <input type="checkbox"/> Renaissance | <input type="checkbox"/> Chapter | <input type="checkbox"/> Jacobean |
| <input type="checkbox"/> Ionic | <input type="checkbox"/> Gothic | <input type="checkbox"/> 2East |
| <input type="checkbox"/> Doric | <input type="checkbox"/> Empire | <input type="checkbox"/> 2Central & West |
| <input type="checkbox"/> Corinthian | <input type="checkbox"/> Hollander | |
| <input type="checkbox"/> Colonial | | |

Special Request

Payment Method

MasterCard Visa American Express
 Card Number: _____ Name on Card: _____
 Expiration Date: _____ Billing Address: _____

PAYMENT SCHEDULE:
 25% - Due upon signing
 50% - Due 30 days before event
 Balance due one week prior to event.
 PLEASE MAKE ALL CHECKS PAYABLE TO TRUSTEES OF THE MASONIC HALL AND ASYLUM FUND.
 ALL CHECKS RECEIVED MUST BE BANK CERTIFIED.

Signature: _____ Date: _____