

ST. CLAIR RIVER COUNTRY CLUB BANQUET/GOLF CONTRACT 2009

Today's Date _____ 20____ Account # _____

Name of Event _____

Contact Person _____ Phone No. _____

Address _____

Thank you for choosing the St. Clair River Country Club for your special event. We will be reserving the _____ for approximately _____ people for the _____ of _____, 20____, from _____ to _____ o'clock.

In addition to this signed contract, a non-fundable deposit of \$200.00 is required to ensure the date of your event. If cancellation is necessary your deposit may be applied to another booked function within the same year.

A final count must be received 7 days prior to your event. This will be the minimum guest charge, additional guests will be charged at the per guest rate. All parties are required to pay the total function amount on the date of the event. Any additional charges will be billed at the time of the function.

Cost for each: Golf \$ _____ Cart \$ _____ Breakfast \$ _____ Lunch \$ _____ Dinner \$ _____

Appetizers \$ _____ Linen Charge \$ _____ Miscellaneous \$ _____ .

Please check the following items your group will be utilizing for your function:

Extra Bartender (\$100) _____ Station Attendant(\$100) _____ Valet(\$100) _____

Coat Check (\$50) _____ Locker Room (\$100) _____ Range (\$150) _____

Bag Handling Fee (\$1.00 Per Player) _____

Tax Exempt _____ Tax ID # _____

I have read the above and agree to the terms as stated. It is understood that SCRCC is a private club and all rules and regulations regarding conduct and dress code apply. I also assume responsibility for repair or replacement of all damages caused by myself or my guests.

_____ Date _____

Accepted by _____ Date _____

Deposit Paid _____ Date _____

Check No. _____