1803 W. Markham Ave. • Durham, NC 27705
Tele: 919.416.6684 • Fax: 919.416.6683
www.sirenslounge.com

PRIVATE FUNCTION AGREEMENT

Date of Function: _____	**Arrival:** _____ **Departure:** _____
Name/Company: _____	**Contact:** _____
Address: Street _____	
City _____ **State** _____ **Zip** _____	
Phone: _____	**Fax:** _____
Description: _____	**# of Guests:** _____

Food Menu (if any) & Cost:
Bar (check one): Open/$ Limit ____ (mandatory 18% gratuity) Cash____
Drink Specials: _____ **(Unless noted otherwise, all beverages will be charged as they appear on our regular and daily special menus)**
Entertainment: DJ _____ Band _____ Other _____
Additional Staffing/Security & Cost: _____
Cleanup Fee/Damage Deposit: _____ **Other:** _____
Total (tax Included): _____ **Method of Payment: Check ____ CC____** **Credit Card #:** _____ **Exp:**_____

A 50% deposit is required upon confirmation and acceptance of Agreement. The remaining balance is due on the function date. Reservations cannot be guaranteed until deposit is received. Please give 72 hours notice of any changes. We request confirmation of final number of guests 48 hours prior to the event start. Events canceled within 24 hours are subject to full charges. In the event the above-listed cleanup fee/damage deposit is waived and damage to the facility or its contents occurs, please note that you will be assessed the actual fee to complete repairs/replacement. Thank you for allowing us the opportunity to assist you with your private event. And, please do not hesitate to contact us at the above-listed number with any questions. We are looking forward to it!

Sincerely,

_____ _____

Lindsay L. Locke, The Sirens Lounge **Guest Approval**