



We would like to thank you for booking your event with The Strip Club 104. We know you have many options and appreciate the trust you have in The Strip Club 104 to make your event successful. If at any time any information regarding your event changes please contact us so we can make necessary arrangements and preparations.

Before your reservation is guaranteed this contract must be completed by the party booking the event, signed and returned

Reservation Date: _____

Contact Name: _____

Time of Event: _____

Company Name/Reservation Name: _____
(The reservation needs to be in the name your guests will be asking for)

Phone Number: _____

Fax: _____

E-mail: _____

Approximation of guests at time of booking: _____

Type of event: _____

Will you be in need of any audio/visual equipment? Y N

Please understand that in order for our staff to provide you and your guests with excellent food and service an accurate guest count is required for us to staff our restaurant accordingly.

A credit card number is required to hold this room. In the event you need to cancel please give us a 72 hour notice
At 48 hours 50% of minimum will be charged | At 24 hours 100% of minimum will be charged

The Can-Can Room - Seats 16 people
Tuesday through Thursday - \$300.00 minimum (Food & Beverage – Balance will be charged as room charge)
Friday & Saturday - \$500.00 minimum (Food & Beverage – Balance will be charged as room charge)

Room minimums do not include tax or gratuity, the credit card on file will be charged for difference if room minimum is not achieved. Private parties will be charged a 20% gratuity. Private parties requiring separate checks will be required to leave deposit of room minimum. We reserve the right to change rooms based on increasing or decreasing attendance figures for your function. We will do our best to keep your requested room for your party.

I have read the above information and understand the terms for use of the private room at The Strip Club 104, and that any fees that may be incurred should my party not meet the requirements will be charged to the credit card below following the event.

Sign: _____ Date: _____

Name on Card _____

Credit Card type _____

Credit Card Number _____

Expiration Date _____

Please mail or e-mail the signed contract to The Strip Club 104
tsc104@tsc104.com
The Strip Club 104
104 East Poinsett Street, Greer, SC 29651 | 864.877.9104