



**Facility Cost Sheet**

**Name of Person/Business Renting Facility**

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**Date** \_\_\_\_\_ **Event Time: Begin:** \_\_\_\_\_ **End** \_\_\_\_\_

**The Club will open the facility one (1) hour prior to the event for their guests to arrive at no additional charge. However, guests must leave at the designated time or additional fees will be assessed. For additional set-up time customers will be charged the additional \$100 per hour and the staffing fee.**

**Room requested:**

**Bourbon Cowboy** \_\_\_\_\_  
**Club Rewind** \_\_\_\_\_

**Fees:**

**Hall/Room Fee:** \_\_\_\_\_ per hour (x) \_\_\_\_\_ hours : **Total** \_\_\_\_\_

**Staffing Fee** \_\_\_\_\_ per hour (x) \_\_\_\_\_ hours : **Total** \_\_\_\_\_

**Janitorial Fee** \_\_\_\_\_ **Total** \_\_\_\_\_

**DJ Services** \_\_\_\_\_ per hour (x) \_\_\_\_\_ hours: **Total** \_\_\_\_\_

**Bartender** \_\_\_\_\_ per hour (x) \_\_\_\_\_ hours : **Total** \_\_\_\_\_

<b>Event Total</b>	<b>Deposit Paid*</b>	<b>Amount Due</b>	<b>Method of Payment</b>
\$ _____	\$ _____	\$ _____	Cash _____ Check # _____ Credit Card _____

- **Deposit will not be refunded if there are damages**

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Leasee Signature**

\_\_\_\_\_ **Date** \_\_\_\_\_  
**3001Nightlife Staff Signature**

**Deposit will be forfeited if cancelled with 10 days of event.**

**920 Lake Arrowhead Road, Myrtle Beach SC 29572**  
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