



601 South Lumina Avenue
Wrightsville Beach, NC 28480
910.256.2726

P. O. Box 434
Wrightsville Beach, NC 28480

Private Meeting Contract

Member/Sponsor Name _____

Organization/Group _____

Date of Event _____ Time of Event _____ Event Type _____ # To Attend _____

Menu _____

Room Fee \$25. (Due at Contract Signing) Date Paid _____

The sponsoring member must be confirm the number attending with the management 7 days prior to the event. That number is the minimum that will be charged, regardless of number attending. The catering fee is due on the date of the event and must be paid by the sponsoring member.

I have read the Private Meeting Policy (HSC Policy #6040), understand my responsibilities, and agree to all terms and conditions herein.

Sponsoring Member Name Printed Member Signature Date

Manager Name Printed Manager Signature Date

To be completed at least 7 days prior to event:

Guaranteed Number to Attend _____ Meal per Person _____ Tax _____

18% Gratuity _____ Catering Total _____ Date Paid _____

Facility Usage Fee _____ Event Total _____

(Manager Initials)

(Member Initials)

(Date)

Note: Hanover Seaside Club Private Meeting Policy (HSC Policy #6040) is subject to change at any time by the Board. All events are subject to approval by the Club Manager and may be accepted or denied at his/her sole discretion.

The Manager will retain the original of this contract. A copy will be supplied to the sponsoring member, chef, bookkeeper, and Operations Committee Chair.