



Reservation Request

PLEASE USE ALL CAPITAL LETTERS

Date of Reservation _____

Date of Arrival _____ Date of Departure _____

Type of Room: Studio ___ In House ___

Bed Preference: Queen ___ Twin ___

Name _____

Address _____

City, State, Zip _____

Country _____

E-mail _____

Day Phone _____

Night phone or cell phone _____

Accompanied by _____

Group name (if coming in group) _____

Number of people _____ Number of Rooms _____

Cancellation Policy

3 weeks before check-in, 100% refund of deposit
2 weeks before check-in, 50% of deposit refunded
1 week before check-in, no refund
Refund requests must be in writing and dated