

RENTAL AGREEMENT - ISLAND SANDS #109

PERSONAL INFORMATION

Guest #1 _____

Street _____

City _____ Zip _____

Cell Phone (_____) _____ Home Phone (_____) _____

Email (required): _____

Guest #2 _____

Street _____

City _____ Zip _____

Cell Phone (_____) _____ Home Phone (_____) _____

Email (required): _____

Contact name in case of emergency: _____ Phone _____

Confirmation # _____ # of Days _____
Total \$ _____ + \$35 Registration \$ _____
1/2 Deposit Paid \$ _____ Ch# _____ Date _____
1/2 Balance Due \$ _____ Due on _____
1/2 Balance Paid \$ _____ Ch# _____ Date _____
Registration Fee \$35 Pre paid with Final balance
Sent Receipt via email: Date: _____
By _____ Date _____

ARRIVAL AND DEPARTURE DATES

Arrival Day & Date in Unit _____ Departure Day & Time from Unit _____

Number of Days in unit _____ Daily Rate \$ _____ per day (including taxes). (There is a 7-days minimum required for booking condo.)

Payment Deadline is: _____ (one month prior to arrival date above)

HOLDING DATES

Wellers will **hold the dates we want for 72 hours**. Wellers must receive a signed Contract with payment of half the total unit invoice to confirm our dates. (*Send contract and payment by certified mail only*). Upon receipt of our payment/deposit, we will receive a confirmation via email.

CANCELLATIONS must be in writing, sent by certified mail or hand delivered to Wellers' office. Cancellations and cancellation fees are effective upon issuance of Wellers' signature on certified mail or receipt for hand delivered written cancellations. Cancellation fees are as follows: (1) 3 MOs OR MORE prior to our event we return 100% of our Advance Payment. (2) 3 MOs - 1 MOs prior to our event, we forfeit 50% of our Advance Payment. (3) 1 MO or less prior to our departure we forfeit our advance payment i.e. half the total of the condo rental. We understand that should we need to change our dates we would have to cancel the dates designated in this contract and the above cancellation provisions would apply. If we wish to reserve different dates other than the one designated in this contract it is treated as a new booking and a new contract and second advance payment is required

FULL PAYMENT It is understood that the deadline for receipt of full payment is one month prior to occupancy. Our deadline for full payment is _____. We understand that *failure to make full payment by this required date will result in the loss and cancellation of the date and days being held for us. As of March 2008 the condo association is charging a \$25 registration fee that must be pre-paid along with your final payment.*

RESTRICTIONS: Condo is non- smoking one bedroom unit, limited to two persons. **CHECK OUT TIME:** 11am

DAMAGES OR THEFT An inventory is kept of all furnishings and condition of property. Smoking is not permitted inside the condo areas and may be considered as damages. Any damages verified by CRH or theft in condo will be charged to credit card or billed directly to we.

KEY PICK UP AND DROP OFF: Keys may be picked up at the Island Sands office and returned to the drop box there. After 5pm, the keys will be left in an envelope in specified location over office door. Should any problems arise with the unit please call **CRH at 800-367-5242**. The parking space number is **11**. A swimming pool key is hanging on fridge in the condo.

I (we) have read and agree to the conditions of this rental agreement:

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

RECEIPT OF PAYMENTS

Number of days _____ X \$ _____ = \$ _____ + 35 Registration Fee = TOTAL \$ _____

1/2 Total Paid for deposit \$ _____ check # _____ Received _____ By _____

Balance Due \$ _____ Balance Due By \$ _____ Balance Received on _____ Check # _____ By _____