

Peaceful Mountain Retreat Center Contract

Thank you for choosing Peaceful Mountain Retreat Center for your upcoming event.
In order to reserve your dates, please complete the following information and mail or fax to:

Peaceful Mountain Retreat Center
P.O. Box 489 Maple Falls WA 98266
Phone: 360-599-9988/866-311-7445
Fax: 360-599-3143

Name of group: _____ Size of Group: _____

Contact Person: _____ Phone: _____

E-Mail Address: _____

Fax#: _____

Address: _____

City, State, Zip: _____

#of men: _____ #of women: _____

Arrival Date: _____ Time of Arrival: _____

Departure Date: _____ Time of Departure: _____

Comments, concerns, or special requests: _____

How did you hear about us? _____

Summer Rates*: The group rate is \$65.00 per person on weekends, plus \$60.00 per person on weekdays, per night plus sales tax.

Winter Rates*: \$55.00 per person on weekends, \$45.00 per person on weekdays, per night plus sales tax.

Deposit*: A \$400.00 deposit is required to reserve your dates. This deposit is also held as a damage deposit.

Minimums: A two night minimum stay is required on the weekends. The minimum weekday overnight charge is \$600.00 per night and the minimum weekend overnight charge is \$650.00 per night. We require a final guest count one week prior to your stay. This will be the minimum number of guests that you will be charged for. You can add people to the final count at any time. For conferences that do not require overnight stays, please call for a quote.

Cancellation Policy: If the cancellation is received 60 days or more prior to your reservation date, then your deposit will be refunded (less a \$50.00 processing fee). If cancellation is received less than 30 days prior to your reservation date, 50% of your deposit will be forfeited. If cancellation is received less than 14 days prior to your reservation date, 100% of your deposit will be forfeited.

Payment*: Full payment is required at the beginning of your stay. We prefer that payment be made with one check. Prices quoted do not include sales tax. Sales tax of 10.6% will be added to your final invoice. A \$25.00 charge will apply for all checks returned due to non-sufficient funds.

*All rates, deposits, and payments are in U.S. funds.

Applicant's Signature: _____ Date: _____

Printed Name: _____