

RESERVATION FORM

I wish to reserve "Tides Edge" for the following period:

Commencing date: Saturday _____ Until Saturday _____

Check appropriate box:

____ 2 Bedrooms @ \$1800.00 per week plus \$400.00 refundable security/damage deposit

____ 3 Bedrooms @ \$2000.00 per week plus \$400.00 refundable security/damage deposit

____ 4 Bedrooms @ \$2200.00 per week plus \$400.00 refundable security/damage deposit

10% Hotel Tax to be added to weekly rental rate. The deposit of \$400.00 must accompany this form.

Full Name: _____ Telephone (____) _____

Street/Address _____ E-Mail _____

City _____ State _____ Zip _____

Names of all party members and ages

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

1. I understand that if I cancel my reservation less than 8 weeks prior to commencement date, I will forfeit my deposit if re-rental cannot be arranged.
2. I understand that the rent is due 4 weeks prior to rental, plus security deposit.
3. I understand that if cancellation is made less than 4 weeks prior to rental, the rental fee is 100% refundable only if alternate guests are booked.
4. I understand that my refundable security/damage deposit will be returned less value of any missing or damaged items or to comply with the conditions stated on this form.
5. I understand that check in time is 2 P.M. on Saturday and check out time is 10 A.M. the following Saturday.
6. I understand that the accommodations are for a maximum of 2 Bedrooms/4 Persons, 3 Bedrooms/6 Persons, 4 Bedrooms/8 Persons. Note: persons using boats or other facilities are included in the maximum of 8 persons.
7. I understand that children under 9 years of age cannot be accommodated.
8. I understand pets are not permitted in the house.
9. I understand that the names and ages of all party members must be on this form.
10. I understand that no claims whatsoever can be entertained by, nor made by me or any member of my party, against Tides Edge, the owners of the property or those working on behalf of Tides Edge, for any liability, damage or injury to any member of my party in connection with the rental or use of the property.

I have received and accepted the conditions of rental:

Signature _____ Date _____

Make checks payable to Richard T. Underwood, 11 Sunnybrook Ct., Hamilton, Ohio 45013.

Tel. 513 863 1944, Fax 513 863 1959. Email: pkrtu@earthlink.net Keep one copy for your records.