

RENTAL AGREEMENT

Your Name: _____ Age: _____

Email Address: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Other: _____

DL# _____ State: _____ Exp Date: _____

Employer: _____

Address: _____ Phone: _____

Emergency Contact: _____ Phone: _____

NAMES OF PEOPLE ACCOMPANYING YOU

Name: _____ Phone: _____ Name: _____ Phone: _____

Name: _____ Phone: _____ Name: _____ Phone: _____

Name: _____ Phone: _____ Name: _____ Phone: _____

Name: _____ Phone: _____ Name: _____ Phone: _____

Children: _____ Ages: _____ Children: _____ Ages: _____

Children: _____ Ages: _____ Children: _____ Ages: _____

CHECK THE PROPERTY YOU WOULD LIKE TO RENT

LAKEHOUSE _____ SO SHORE DR _____ LUNAR LODGE _____ OTHER _____

To reserve a date please call Carolyn Carman at (916) 612-2172 or visit the website at www.tahoe-cabin.com. Email completed agreement to carolyncarman@yahoo.com or fax to (916) 596-9200. You will receive a confirmation email.

Arrival Date: _____ Time: _____ Departure Date: _____ Time: _____

____ Yes please authorize the deposit of \$ _____ on my credit card below. And/or please charge my rental charges of \$ _____ on my credit card below.

____ I prefer to pay by check made payable to Carolyn Carman.

Name on Credit Card: _____

Card Type: _____ Card# _____ Exp: _____ Security Code: _____

Card Billing Address: _____

By signing below I acknowledge I have received a copy of the HOUSE INFO & RULES SHEET, CHECK OUT LIST, and reviewed the CANCELLATION POLICY.

SIGNED: _____ DATE: _____