

RENTAL APPLICATION/AGREEMENT

Your Name: _____ Age: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Other: _____

DL#: _____ State: _____ Exp Date: _____ Date of Birth: _____

Employer: _____

Address: _____ Phone: _____

Emergency Contact: _____ Phone: _____

NAMES OF PEOPLE ACCOMANYING YOU

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

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

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

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

CHECK THE PROPERTY YOU WOULD LIKE TO RENT

____ LAKEHOUSE ____ MONT ESTATES ____ SOUTH SHORE ____ LUNAR LODGE

____ OTHER

\$800 Deposit

\$800 Deposit

\$800 Deposit

\$500 Deposit

\$ ____ Deposit

To reserve a date please call Carolyn Carman at (916) 612-2172 or visit the website at www.tahoe-cabin.com to verify availability and pay deposit requirements. Fax completed application to (916) 684-9321 or email to carolyncarman@yahoo.com.

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

____ Yes please charge my 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 out to Carolyn Carman.

Card Type: _____ Card # _____ Exp

Date: _____

Card Mailing Address: _____

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

SIGNED: _____ DATE: _____