

LE CHATEAU COTTAGE OVERNIGHT STAY GUEST REQUEST

To be completed by unit owner(s). Reservation request must be submitted to the Le Chateau Association no more than six (6) months prior to dates requested.

OWNER NAME(S): _____

UNIT #: _____ PHONE: _____ E-MAIL: _____

REQUESTED DATES OF STAY (7 days maximum):

Check in: _____ Check out: _____
(Check in time: 4 p.m.) (Check out time: 11 a.m.)

GUEST NAME(S) (limit 4):

Guest 1: _____ Age if minor: _____
Guest 2: _____ Age if minor: _____
Guest 3: _____ Age if minor: _____
Guest 4: _____ Age if minor: _____

RELATION TO OWNER: _____

Please provide a guest contact name and phone number:

NAME: _____ PHONE: _____

Payment is not due until reservation is approved, but please complete the following based on the request:

| | |
|--------------------------------------|-------|
| Number of nights at \$125 per night: | \$ |
| Cleaning Fee: | \$150 |
| Deposit | \$100 |
| Total Cost: | \$ |

The Owner attests that guests will be staying in the cottage for the period stated, that he/she will be in residence during the guests' stay, and that all guests have been made aware of and will abide by the policies, rules and regulations of the Le Chateau Association.

OWNER NAME: _____ SIGNATURE: _____

OWNER NAME: _____ SIGNATURE: _____

DATE: _____