

## RESERVATION FORM

Name:  
Address:  
City, State, Zip:

Home Phone: ( )  
Work Phone: ( )

Number in Party\_\_\_\_\_ (not to exceed 14 persons total at any time) (violation will immediately terminate rental agreement)

First choice date:  
Second choice:

weekly rental fee: \$3200.00

Cleaning Fee: \$ 200.00 – non refundable

Security Deposit: \$ 500.00 (separate check- to be returned upon receiving a positive rental exit inspection- see house guidelines)

**Balance Due:** \_\_\_\_\_ (Balance due 2 weeks prior to reservation date)

I have read, understand and agree to abide by the house guidelines.

Signature\_\_\_\_\_

Your signature indicates agreement to all house guidelines and terms of this rental agreement. Any violation will be immediate forfeiture of all fees and termination of rental privileges.

Receipt of your deposits will confirm your preferred reservation.

Mail the reservation form along with your deposits to:

Carolyn Tobey  
20015 120<sup>th</sup> Ave. S.E.  
Kent, WA. 98031  
Crtobey1@juno.com