



COTTAGE RENTAL APPLICATION

DATES REQUESTED**CHECK IN:** _____**CHECK OUT:** _____**SECOND DATE CHOICE****CHECK IN:** _____**CHECK OUT:** _____**APPLICANTS NAME:** _____**PHONE:** _____ **EMAIL:** _____**ADDRESS:** _____ **UNIT #:** _____**CITY:** _____ **PROVINCE:** _____**POSTAL CODE:** _____**NUMBER OF YEARS AT THIS ADDRESS:** _____ **OWN:** _____ **RENT:** _____**HAVE YOU STAYED AT PARKS CREEK RETREAT BEFORE: (IF SO, WHEN? HOW DID YOU BOOK?)**

WERE YOU REFERRED BY SOMEONE? (IF SO, WHO?) _____**EMPLOYER'S NAME AND ADDRESS:** _____

JOB TITLE: _____ **LENGTH OF EMPLOYMENT:** _____**DRIVER'S LICENSE NUMBER:** _____ **LICENSE PLATE #:** _____**NAMES, ADDRESSES AND PHONE NUMBERS OF ALL ADULTS AND CHILDREN STAYING WITH YOU (INCLUDING CHILDREN'S AGES):**



ARE YOU BRINGING ANY PETS?: YES _____ NO _____ AGE/ BREED: _____

ARE THEY UP TO DATE ON VACCINATIONS?: YES _____ NO _____

BOOKING INFORMATION

WE REQUIRE A \$250 NON REFUNDABLE DEPOSIT TO SECURE YOUR BOOKING, PAYABLE BY E-TRANSFER TO RELAX@PARKSCREEKRETREAT.CA DUE UPON SIGNING OF THIS APPLICATION.

RENTAL COST: \$ _____ (includes \$250 deposit, due upon signing)

HST: \$ _____

SECURITY DEPOSIT \$ _____ (to be returned at check out, see section 6 of STR Agreement)

TOTAL COST \$ _____ (balance is due one month prior to your stay)

AGREE AND ACKNOWLEDGE

SIGNATURE: _____

DATE: _____

PRIVACY POLICY: ALL INFORMATION COLLECTED BY PARKS CREEK RETREAT IS FOR INTERNAL SCREENING PURPOSES. BY PROVIDING THIS INFORMATION YOU CONSENT TO THE COLLECTION, USE, HANDLING AND DISCLOSURE BY US.

SUBMITTING THIS FORM DOES NOT GUARANTEE YOUR SELECTED DATES ARE AVAILABLE. RATES WILL BE SENT BACK TO YOU FOR APPROVAL.

EMAIL DOCUMENT TO RELAX@PARKSCREEKRETREAT.CA