



Group Registration and Contract

Organization: _____

Contact Person: _____
 Address: _____

 City, St., Zip: _____
 Website: _____

Title: _____
 Phone (C): _____
 Phone (W): _____
 E-Mail: _____

Dates of Event:

Arrival: _____
 Date Day Time

Departure: _____
 Date Day Time

Note: Our normal arrival time is after 5:00pm, normal departure time is by 2:00pm (includes all meals)

Payment Schedule:

Based on _____ person minimum

Number of Guests expected: _____
 Rate pp/pn Dorm accommodations _____

Number of Nights _____

Estimated Total Cost

\$ -

Booking Deposit	_____ \$750	Due Date	_____ To Reserve Dates
Additional Deposit	_____	Due Date	_____ 50% of balance due 60 days before arrival date
Balance	_____	Due Date	_____ Balance due 30 days before arrival date

Terms:

1. A \$750 Reservation Deposit will hold your space.
2. Sixty (60) days prior to arrival, fifty (50%) of the final payment is due.
3. Thirty (30) days prior to arrival, the balance is due, and a **certificate of insurance**. A credit card number must be provided as a "damage deposit" on file.
4. Your deposits made with credit card or check payable to Creative Energy Options, are due by the deposit due dates stated above. **Reservations are confirmed upon receipt of deposit and the signed original of this contract.**
5. Client agrees to pay for the contracted number of guests as stated above, at the agreed upon per person, per day rate, whether they come or not. There are no adjustments for late arrivals, early departures, unused beds or meals not taken.

Cancellation Policy: If in the event cancellation is made at least 3 months prior to arrival, a full refund (less a 20% administration fee) will be made or the full \$750 Reservation Deposit may be applied to other available dates without penalty providing new dates are within one year of original dates. No refunds will be made for any cancellation ninety or fewer days prior to arrival.

Method of Payment: () Cash () Check () Visa () MasterCard () Discover () Am Exp

Credit Card #: _____ Exp. Date: _____

Client Authorization: _____ Date: _____

For your convenience, credit card payments are accepted for your initial \$750 deposit. Checks are appreciated for subsequent deposits. Payments made by credit card in excess of \$750 will incur a 3% surcharge.

Estimated Cost Breakdown

guests _____ \$ -

Private Rooms: TBD \$50 per room/per night \$ -

Rate includes 3 meals per day

AV Equipment:: **Use of AV Equipment TBD** \$ -

Audio System - \$50

Audio Visual (DVD or lap top hook-up) - \$150 \$ -

Audio Visual & Computer - \$250

Special Accommodations: \$ -

Special Use of Land: **TBD** \$ -

Fire Ring/Circle - \$100 Unlimited firewood

Other Special Requirements: \$ -

SUBTOTAL \$0.00

5% Luzerne County Occupancy Tax \$ -

6% Sales Tax \$ -

**If you are a non-profit and have your 501c3 documentation, you must provide this information to us
You must provide credit card number to hold for damages**

\$ -

TOTAL \$ -

Client signature: _____



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