



4973 Cottonwood Court ❖ Birch Bay, WA 98230 ❖ Toll Free: 1-877-627-2229 ❖ FAX: (360) 371-3940

E - Mail: info@birchbaygetaway.com

www/BirchBayGetAway.com

Reservation Application / Agreement to Secure Accommodation For Peak Season (JUNE, JULY & AUGUST)

"Due to peak season vacationer demand, advance booking is required. "Non-secured" requests subject to availability.

Please fill this out in its entirety so we have as much information when you arrive and we can expedite the check-in process. Incomplete applications **WILL NOT BE PROCESSED**. Call for pricing and availability, sign & return to the address below, we will send you a confirmation number. Do not hesitate to call 1-877-627-2229 if you experience a delay in receiving your confirmation. **When the form is complete, please fax back to (360) 371-3940.**

For faster reply, we encourage you to email us at: info@birchbaygetaway.com

Date Called In: _____ Cottage(s) Requested: _____ Number of Nights: _____ Arrival Date: _____

Name of Guest(s) including children & approximate age(s):

Name of Paying Party (as it appears on credit card): _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Driver Lic #: _____ (State Issued): _____

Phone(H): () _____ Alternate Contact: _____

Credit Card #: _____ Exp. Date: _____ Type of Card: VISA MasterCard

Rate for _____ Nights \$ _____ x .083% tax. If a 3rd party is paying that is not a guest a pre-payment will be required by cash or check and they will be the responsible party.

Vehicle(s) (#1) Make/Model: _____ Lic.#: _____ (#2) Make/Model: _____ Lic. #: _____

Do any of the members of you party have special needs? Describe? _____

Cancellation and Confirmation Information. By signing this agreement I understand that **I WILL NOT BE** obligated to pay a cancellation fee if I cancel earlier than 60 (Sixty) days from my arrival date specified above. If I cancel between the 30th(Thirtieth) and 60th (Sixtieth) day from my arrival dated specified above **I WILL BE** obligated to pay 50%(Fifty Percent) of my total accommodation charge specified above as a cancellation fee and otherwise agree to have my credit card charged. If I cancel within 30 (thirty) days from my arrival date specified above **I WILL BE** obligated to pay as a cancellation fee 100%(One Hundred Percent) of my total accommodation charge specified above and otherwise agree to have my credit card charged. I also agree to pay all collections costs and reasonable attorneys should this contract require enforcement. Alternatively, if you elect to pre-pay by cash, check or money order in full 90(ninety) days or **more** in advance from the arrival date listed above we will provide you with a 5%(Five percent) discount off you quoted price above. No refunds on pre-pay's. The quoted above is based on final review, including, but not limited to the number in your party as well as availability. Occupancies stated above are binding. Non-confirmed prices are subject to change without notice. **This is not confirmed until you receive a confirmation number below.**

FOR HEALTH AND INSURANCE PURPOSES THIS IS A NON-SMOKING FACILITY AND NO PETS ARE ALLOWED. CHECK IN TIME IS 3:00-6:00 PM, IF YOU ANTICIPATE LATER CHECK IN PLEASE PROVIDE US 24 HOURS NOTICE SO YOU HAVE STAFF AVAILABLE TO GREET AND CHECK YOU IN. CHECK OUT TIME IS 12:00 NOON. ALL COTTAGES ARE EQUIPPED WITH BASIC EATING UTENSILS AND TOILETRIES. REASONABLE POLICIES ARE POSTED AS WELL. YOU MAY NOT TRANSFER OR ASSIGN THIS AGREEMENT.

WE LOOK FORWARD TO HAVING YOU AS OUR GUEST!

RESPONSIBLE PARTY SIGNATURE _____ DATE _____ CONFIRMATION # _____

FOR OFFICE USE ONLY: E-MAILED: _____ MAILED: _____ FAXED: _____ RECEIVED: _____ RE-MAILED: _____
CANCELLED: _____ OTHER: _____

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