



RENTAL AGREEMENT

Please read entirely, fill out, sign, make copy and mail with your \$300 deposit to:
Wanda Hennen
24031 133rd Street, Pierz, MN 56364
Email: creativeowlhideaway@gmail.com Call/Text: 320-630-9519

****PLEASE NOTE: The Group Coordinator is the main contact person and is representing ALL guests and parties of the group. This agreement is set forth to include and pertain to all guests and parties of the group and it is the Coordinator's responsibility to make sure all guests and parties of the group have read and adhere to this agreement and all policies set forth.**

Name of Group Coordinator: _____

Address: _____

Cell Phone: _____ OK to Text?: YES or NO

Email: _____

All rental guests and parties agree to rent the property at 3209 Crow Wing River Drive, Pillager, MN 56473 from a period beginning on _____ and ending on _____. Check-in time is at 12:00 Noon and Check-out time at 12:00 Noon, unless other arrangements are made.

Rental guests and parties agree to the rates set forth below (some exceptions may apply):

- FRI/SAT - 2 night minimum stay based on 12 person occupancy - \$1320 **OR**
- FRI/SAT - 2 night minimum stay based on 10 or less person occupancy - \$1200
- Add any additional night to your stay for only \$30 per person (no minimum guests required).
- All state and local sales taxes are included in all rental fees.
- No damage deposit is required, however, after departure, a full inspection of the property will be done. If any damage to property or belongings is found, the Coordinator will be contacted to discuss and agree upon any repair/replacement costs and the Coordinator will reimburse the Owner.
- This retreat is for adults 18 or older only, some exceptions may apply and rates will be the same.

FRI/SAT (2 night minimum stay): Number of Guests: _____ = Group Rate: \$1320 OR \$1200 (Circle one)

Additional night: Chosen day _____ Number of Guests: _____ @\$30 each= \$ _____

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Additional night: Chosen day _____ Number of Guests: _____ @\$30 each= \$ _____

Total Group Rate: \$ _____

Total Add'l Nights: \$ _____

GRAND TOTAL: \$ _____

Minus deposit: \$ 300 (deposit and signed agreement is due within 10 days from booking)

Balance Remaining: \$ _____

(Remaining balance is due 60 days before your arrival date on: _____)

The Coordinator is responsible for collecting money from group guests and will then issue one check or money order payable to Creative Owl Hideaway.

Any returned checks for non-sufficient funds will deem this rental agreement null and void unless other arrangements are made. Cash, check or money order only. Sorry, I do not accept credit cards, Paypal, Venmo or any other form of electronic payment. Thank you for understanding.

****Please list all guests in group with their contact number on last page of this agreement.**

Remember to make a copy for yourself and Agreement with check to my home address (not retreat address):

Wanda Hennen
24031 133rd Street
Pierz, MN 56364

I will follow up the day before your arrival with a text or email with any last minute notices and the code to the key lock box located next to the main door.

CANCELLATION POLICY:

- Notice of cancellation must be done by either written notice, email or text message and will be effective of the postmarked date or date of email or text message with a confirmation follow up by me.
- If the agreement is cancelled 60 days or more from the beginning reservation date, the entire deposit and any payments will be refunded in FULL.
- If the agreement is cancelled 59 days or less from the beginning of the reservation date, the \$300 deposit will be forfeited and any additional payments that were made will be refunded.
- The deposit will NOT be able to be forwarded to another reservation, however some exceptions may apply.
- The Owner reserves the right to cancel this agreement in the event of an emergency or other unforeseen circumstance. In this case, the renter will be given a chance to reschedule and all deposits/payments can be forwarded to the new reservation or if renter cannot reschedule then all deposits/payments will be refunded in full.

The group coordinator listed on this agreement will be responsible in providing all parties of the group and guests a completed copy of this agreement along with the Policies and Information packet provided and agree to abide by all information pertained within.

The signing of this agreement signifies the acceptance of all policies, terms and conditions as set forth within and attached to this agreement and that it pertains to all parties of the group and guests.

Coordinator Signature: _____ Date: _____

Thank you,
Wanda Hennen, Owner

List the names of the guests attending and their contact information:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

5. _____ Phone: _____

6. _____ Phone: _____

7. _____ Phone: _____

8. _____ Phone: _____

9. _____ Phone: _____

10. _____ Phone: _____

11. _____ Phone: _____

12. _____ Phone: _____