

**Shalom Retreat Centre (Accessible Hope International)
Rental Agreement**

Name: _____

Group/Organization: _____

RESERVATION DATES:

Check-in: _____ Check-out: _____

Rooms requested: _____

(Please list specific rooms, if desired, or just the total number of rooms)

Total Number of Guests: _____

MEALS:

Breakfast needed (in addition to bread/tea/coffee)? Yes No

Lunch needed? Yes No Dates: _____

Dinner needed? Yes No Dates: _____

Special dietary requests? _____

(Please state specific needs and number of guests for each need)

PAYMENT method (please select option):

Rooms paid by: Credit card bank transfer cash

Food paid by: Credit card bank transfer cash

TERMS & CONDITIONS: *I have read the SRC Manual and agree with all of the terms therein. I have also communicated these policies and conditions to all members of my group that will be staying at the SRC, and they have also agreed to these terms.*

Signed _____

Printed Name _____

Date _____

