



GUEST SUITE RENTAL AGREEMENT & CONFIRMATION OF BOOKING

Guest Suite # _____ Guest Name _____

Suite Owner's Name _____ Suite # _____ Telephone # _____

Terms and Conditions:

- 1. Owner agrees to take full responsibility for the inventory of the suite.
2. Owner or agent is responsible for the following:
- Suite keys to be picked up on check in date: Monday-Friday at the On-Site Manager's Office (mezzanine level), either by appointment or in-person between 5 p.m. and 6 p.m.
- Check in time is 3 p.m. and check out time is 11 a.m. It is the guest's responsibility to assure arrangements for transfer of keys is made outside normal office hours.
- Suite keys and access key fobs MUST be returned to the office mail slot on mezzanine floor.
3. The Strata Corporation accepts no responsibility for the guest's lost or stolen property.
4. Any damage or removal of articles or linens will be charged to the owner's Strata Lot.
5. For security reasons, lost keys will necessitate re-keying by a locksmith with charges to the owner's suite.
6. A one night's deposit is required to guarantee the reservation and is payable at the time of booking. The balance of the booking is payable upon check in. The daily rate is \$75.00 no tax, double occupancy and \$5.00 each additional person.

Please note the following late cancellation charges.

- a. 1 - 7 days booking - 72 hours' notice required.
b. 8 - 15 days booking - 4 days' notice required
c. 16 days and over, 2 weeks' notice required

- 7. No refund for early check out.
8. The Strata Corporation reserves the right to cancel any reservation with a 24 hr notice. In such case, a full refund will be issued to the Owner. The Strata Corporation accepts no responsibility for the owner's need to re-book alternate accommodation.
9. Persons using these facilities do so at their own risk and release and indemnify the Residential Section from any and all claims from the use of these facilities.

Rental period from _____ to _____ Total nights _____ x \$ _____ = \$ _____

Deposit Made: Date _____ Amount \$ _____ Rec.# _____ Method of payment _____

Owners/Residents signature _____ Print name _____

Guest's Signature _____

Authorized Personnel Signature _____