



GROUP RENTAL CONTRACT

1 GROUP CONTACT INFORMATION

Your TAX ID#

Name of Organization (This Organization is herein known as the "Renting Organization")

Group Type: Men Women Mixed Youth Families
(Circle One)

Mailing Address _____ City _____ State _____ Zip Code _____
Contact Person _____ Phone _____ Cell _____ Fax _____ Email Address _____

2 EVENT DATES

Arrival Date _____ Arrival Time _____ Departure Date _____ Departure Time _____

3 ACCOMMODATIONS AND GROUP SIZE

Nights _____ First Meal _____ Est # Guests _____ Age Range _____ * # Cabins _____
Meals _____ Last Meal _____ SPECIAL DIETARY NEEDS: _____

Pricing includes two cabins for groups with 50 or less guests. *\$125 usage fee applies for each additional cabin.
Pricing includes three cabins for groups with between 51 and 75 guests. \$10 Each additional meal
Pricing includes four cabins for groups with between 76 and 92 guests. \$150 Grounds and Facility cleaning fee
BASE RATE: _____ Estimated Charges: _____

4 PAYMENT COMMITMENT

Contract Deposit **\$1,000** The Renting Organization agrees to pay the Contract Deposit at the time this Rental Contract is signed returned in order reserve the dates requested. See Cancellation Dates and Deposit Information for refund details.
Guaranteed Minimum Payment \$2,000 **IMPORTANT:** The Renting Organization agrees to pay at least the Guaranteed Minimum Payment regardless of the actual number of guests that attend.
***The Guaranteed Minimum Payment must be paid prior to the 3rd Cancellation Date below to secure the reserved dates.**
Final Payment The final payment will be the rate per guest times the actual number of guests attending plus unused meal charges based on the Final Guest Count, but not less than the Guaranteed Minimum Payment.
FINAL PAYMENT: The Renting Organization agrees to pay the Final Payment prior to or upon the Departure Date of the event, unless other payment arrangements are made.

5 CANCELLATION DATES AND DETAILS

1st Cancellation Date 6 months prior to the arrival date. If the Renting Organization cancels the event after the 1st Cancellation Date, but before the SECOND Cancellation Date, **the Renting Organization will receive a refund of the Contract Deposit**
2nd Cancellation Date 3 months prior to the Arrival Date. If the Renting Organization cancels the event after the SECOND Cancellation Date, but before the THIRD Cancellation Date, **the Renting Organization will forfeit the Contract Deposit.**
3rd Cancellation Date **IMPORTANT!** Thirty (30) days prior to the arrival date. If the Renting Organization cancels the event after the third cancellation date, the Renting Organization will be **responsible for paying the Guaranteed Minimum Payment.**

6 CONTACT DATES

1st Contact Date Thirty (30) days prior to the Arrival Date please contact Cross Roads Retreat by phone or e-mail to advise Cross Roads to finalize the number of Total Estimated Guests, the services required, and the Total Estimated Cost.
Final Contact Date One week prior to the Arrival Date. Please contact Cross Roads Retreat by phone or e-mail concerning the Final Guest Count. The meal charges will be based on the Final Guest Count
Failure to comply with the Contact Date requirements may result in cancellation of reservations and forfeit of deposits, at Cross Roads Retreats discretion.

7 MISCELLANEOUS **Please read and initial each item

____ The Renting Organization understands that this is a legal and binding contract between the Renting Organization and Cross Roads Retreat.
____ The Renting Organization understands that there is an element of risk involved while participating in various activities at Cross Roads Retreat. The Renting Organization assumes full responsibility for its participating guests for any accident, personal injury, or property damage by or to a guest that may occur while staying at Cross Roads Retreat. The Renting Organization hereby releases and holds harmless Cross Roads Retreat and its agents from any and all claims, liabilities, suits, actions, damages, or losses. Cross Roads Retreat highly advises the Renting Organization to obtain a Certificate of Insurance covering itself and its guests during their travel time and stay at Cross Roads Retreat.
____ The Renting Organization understands that linens and towels are not furnished in the bunkhouses and many beds are **XL Twins**.
A Deposit, Check # _____ in the amount of \$ _____, was received on _____

Contact Person _____ Date _____ Senior Pastor/CEO _____ Date _____ Cross Roads Retreat Official _____ Date _____