

SLEEPY HOLLOW Reservation Form

Name: _____

Address: _____

_____ Zip Code: _____

Home Tel No: _____ Daytime Contact No: _____

Email Address: _____

Party Details

Total In Party: _____ Adults: _____ Children: _____

Dates Required

Arrival Date: _____ Departure Date: _____

Total No of Nights: _____

(Rental period commences at 3:00pm on day of arrival and ceases at 10:00am on day of departure)

Payment Details: Reservation/security deposit due with reservation.

Full rental fee due 2 weeks before check-in date.

All bookings made less than TWO weeks before check-in date are payable in full, INCLUDING Security/Damage Deposit.

Season / Rate is \$295.00 per night for up to eight adults (Add \$30.00 per night for each additional adult, up to 12 maximum) or \$1,965.00 per week plus additional person charges, plus 6% state and 3% local taxes. (\$1,965.00 + \$176.85 tax = \$2,141.85)

Off Season / October 15 to March 15 / Rate is \$225 per night for up to eight adults, \$30.00 per additional adult (12 adults maximum) or \$1,499.00 per week plus additional person charges, plus 6% state and 3% local taxes. (\$1,499.00 + \$134.91 tax = \$1,633.91)

Total Rental Price + 9% Tax \$ _____

Reservation Security Deposit \$500 (will be returned within 10 days of check-out)

Total \$ _____

NOTE: Keys lost or not returned at checkout will be subject to a \$50 charge.

Please make all checks payable to: **James or Debra Flynn**

Mail form and deposit to: Flynn, PO Box 114, Gilbertsville, KY 42044

Signature: _____

Print Name: _____ **Date:** _____