Guest Group Reservation Agreement

Guest Information -

Guest Group Name: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

Retreat Information -

Date of Arrival: _____ Est. Time of Arrival: _____
Date of Departure: _____ Est. Time of Departure: _____
(Note – Check-in time 4:00pm, Check-out time 10:00am)
Age of Group: _____ Purpose of Retreat: _____
Est. Group Count: _____ **Note – Final count due 30 days prior to arrival**.
If you need to add to your group number within 7days of arrival, there is an additional $5.00 per person, per night fee.
Are you interested in using our teaching and worship? YES / NO (circle one)
First Meal: _____ Last Meal: _____

Timberline Lodge desires to efficiently and effectively minister to your group. In an effort to better serve you, the following criteria have been established.

Deposit, fees and Cancellation Policy -

Deposit: To reserve the requested dates a $500.00 non-refundable deposit (2 separate checks please) must be submitted with this reservation agreement. One check in the amount of $300.00 will credit towards your final group balance. The other check in the amount of $200.00 will credit towards a mandatory damage deposit. Unless otherwise specified, the damage deposit will be returned by check within 10 days of group departure to the address and organization name listed above.
Per Person Fee: Timberline Lodge charges $63 per person, per night. This fee includes room and board and use of all onsite recreational facilities.
Partial Payment: A 25% partial payment is due 30 Days prior to guest arrival. This 25% payment is based upon projected occupancy and is non-refundable upon receipt. Failure to submit the 30 day partial payment will result in loss of reservation.
Final Payment: Final payment of the guest balance is due upon arrival date listed above.

Statement of intent and responsibility

We understand and will fulfill our responsibilities as detailed in the Reservation Agreement listed above. We further agree to assume full responsibility for the supervision over and behavior of our group. In addition, we accept all liability for loss or damage to equipment or property, and any and all medical expenses incurred by our group during our stay at Timberline.

_____ _____
Group leader - Signature **Financial responsibility - Signature**

_____ _____
Date **Date**

P.O. Box 3311 Winter Park, CO 80482
Phone (970)726-8850 fax (970)726-8853 www.timberlinelodge.org