2019—2020 EXTENDED STAY GUEST APPLICATION

PLEASE PRINT LEGIBLY

Guest Name(s):_____

Address:_____

City:_____ State:_____ Zip:_____Country:_____

Phone 1:_____ Phone 2:_____

Email 1:_____ Email 2:_____

Arrival:_____ Departure:_____ Number of Guests:_____

Desired Room Type: Standard 1 Bedroom Suite 2 Bedroom Suite
1 bed 2 beds

Mandatory First Floor? Yes No

Number of Pets: _____

MONTHLY GUEST RATES

	2019	2020					
	Sept-Oct-Nov-Dec	January & February			March & April		
	30+ days	30+ days	60+ days	90+ days	30+ days	60+ days	90+ days
Standard	$2,050	$2,334	$2,082	$1,932	$2,390	$2,141	$1,986
1 Br Suite	$2,193	$2,969	$2,697	$2,536	$3,026	$2,751	$2,590
2 Br Suite	$2,318	$3,146	$2,900	$2,738	$3,203	$2,955	$2,791
2 Br Pool Suite	$2,633	$3,461	$3,212	$3,047	$3,518	$3,267	$3,100

WEEKLY GUEST RATES

	2019	2020		
	Sept-Oct-Nov-Dec	Jan-Feb	Mar-Apr-May	Jun-Jul-Aug
Standard	$520	$654	$770	Unavailable at this time
1 Br Suite	$719	$853	$1,068	Unavailable at this time
2 Br Suite	$876	$1,009	$1,169	Unavailable at this time
2 Br Pool Suite	$949	$1,242	$1,242	Unavailable at this time

DEPOSITS

-Advance deposit of $400 is due at time of booking
-The advance deposit includes a $100 non-refundable application fee.
-Deposit ($300) will be refunded if reservation is cancelled 60 or more days prior to the original reservation date.

PET FEES

Monthly Guest Pet Rates per 90 days:
One Pet: Standard $75
1 Br Suite $100
2 Br Suite $125
Additional Pets: $25 each, also good for 90 days
Due at check in and then every 90 days

EXTENDED STAY GUEST STIPULATIONS

-Rates listed do not include tax and are based on Double Occupancy, fees will apply for additional adults.
-Local tax applies to the first 30 days, State tax applies to the first 90 days, State fee of $5 applies to first 30 days.
-Rates are based on actual length of stay. Changes in length of stay could potentially affect your rates.
-Room numbers are not guaranteed, but every effort will be made to honor your request.
-No items will be able to be stored at the hotel.
-Rent is due at check-in for current month and the 1st of the month thereafter. Late fees charged after the 5th of the month.

_____ _____

Signature Date

Signing this form means you have read, understand and are agreeing to the terms listed in this application.