

THE COTTAGE RESERVATION AGREEMENT

330 E. James Street • Dighton, KS 67839

Randy: (620) 397-3979 • Marla: (620) 276-4912

Website: outoftheboxbiz.com/the-cottage

Thank you for choosing The Cottage! Please complete all information below.

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ EMAIL _____

CHECK-IN DATE _____ CHECK-OUT DATE _____

TOTAL NIGHTS _____

RENTAL RATE

\$99 per night for up to 2 adults. Additional adults: \$10 per person, per night

TOTAL AMOUNT DUE \$ _____

PAYMENT METHOD (Please Check One)

Cash Check Venmo Credit Card

A 4% processing fee will be added to all credit card payments.

For your security, credit card information will be collected by phone only and will not be accepted by email.

OCCUPANCY

Number of Adults _____ Number of Children _____

All overnight guests must be disclosed. The individual named on this reservation must be present during the stay and is responsible for all guests. Reservations may not be transferred or switched to another guest without prior approval from the owners.

HOUSE POLICIES

- No Smoking
- No Pets
- Holiday weekends require a minimum 3-night stay. Exceptions may be approved by management.
- Guests are responsible for any damage to the property during their stay.

CANCELLATION POLICY

A minimum of 48 hours' notice is required for cancellations. Reservations canceled with less than 48 hours' notice may be charged one night's stay.

QUESTIONS OR SPECIAL REQUESTS

AGREEMENT

I have read and agree to the rates, policies, occupancy requirements, and cancellation terms stated above.

Guest Signature _____ Date _____