

# Cabin Rental Agreement

Cardinal Center Campground  
616 St. Rt. 61, PO Box 247  
Marengo, Ohio 43334

**CAPACITY:** The capacity of each cabin is 4 people, with a max of 2 adults, 2 children. Additional adults will be billed at \$10.00 each day. Additional children billed at \$5.00 each day.

**PRICING:** There is a 2 night minimum for all cabins. All Holiday weekends are a 3 night minimum. Rates **DO NOT** include applicable sales and bed tax.

**UTILITIES:** All cabins offer heat and A.C., television, microwave, and a coffee pot. All cabins have a private bath with toilet, sink, and shower. Linens **ARE NOT** provided (but can be rented at the camp office).

**CHECK-IN CHECK-OUT :** Check-In time is **3:00 pm**. Check-Out time is **11:00 am**. Early check in, or late check out, **MUST BE APPROVED** by management and will incur additional charges.

Cabin keys must be returned to the campground office upon checkout. If closed, place keys in the drop box. Renters will be charged \$5.00 for lost keys.

## **NO PETS or SMOKING IN CABINS**

Fire rings are not to be moved and should not be used as trash receptacles. Please dispose of trash and cigarette butts properly. Please clean up after your pets.

**DAMAGES:** All cabins are inspected and cleaned prior to, and following each occupancy. You are responsible for any damages, inside or outside, during your stay.

**The credit card on file will be charged for any damages, missing items and cleaning due to pets or smoking.**

*I acknowledge that I have read and agree to the above Terms and Conditions. Failure to uphold any provisions of this agreement may result in eviction of the premises. I also agree to comply with all the campground rules and regulations. Furthermore, I understand that I will be held accountable for any, and all damages, to campground property incurred by myself, my family members, or my visitors.*

*I do hereby release the Cardinal Center, its officers and employees of all liability for loss or damage to vehicles, or property, as well as any injuries that may occur during my stay at this camping facility.*

**Mother Nature is unpredictable. Refunds will not be given due to inclement weather.**

CABIN # \_\_\_\_\_ Dates of Stay: Check In \_\_\_\_/\_\_\_\_/\_\_\_\_ Check Out \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Card Information: Card # \_\_\_\_\_ EXP \_\_\_\_/\_\_\_\_ CVC \_\_\_\_\_

I understand that my credit card may be billed for damages caused during my stay or for reservations not cancelled according to cancellation policy. Initial \_\_\_\_\_