



Coastal Hideaways

HIDEAWAY SELECTED

For Accommodations Located At

Day	Check in Date
	4:30 pm
Day	Check out Date
	10:00 am

THIS AGREEMENT on _____, Confirmation # _____, between Coastal Hideaways and _____, Guest(s), refers to the Coastal Hideaway at the above-mentioned premises. Check-in time on _____ is _____, and occupancy is to continue until _____, with a Check-out time of _____. Guests are welcome to a late check-out time up to 4:00 p.m. (when available) for an additional charge of \$75.00. The nightly/weekly/monthly rate is \$_____. Guest(s) request for an extended stay will result in a revised contract and only if the Hideaway has not been reserved for another party. Guest(s) acknowledge that for reasons unforeseen there may be a need to be relocated to a comparable Hideaway other than the Hideaway reserved, or they may choose to receive a full refund. Your guest telephone number at your reserved Hideaway is _____.

\$_____ is due upon receipt of this agreement to confirm and secure your reservation for _____ guests. The remaining balance of \$_____ and _____% city tax \$_____, plus a refundable security deposit of \$_____ to cover any damages that may occur, will be due 90 days prior to your check in date. Guests understand that there is no smoking both indoors or anywhere outdoors on the grounds, no pets are permitted, and that our Hideaways are reserved for single families only. Due to the inherent nature of the ocean / beach vacation environments, guests will be occupying said property at their own risk, and will not hold Property Management Company or Property Owners liable for personal loss or injury arising from the use of said property, including, but not limited to, exposure to allergens, mold, or chemicals in the environment. If after your stay, Coastal Hideaways confirms there has been no damage, no violation of policies, no missing items, and your Hideaway is left in the condition in which it was received, your security deposit will then be returned to you within 14 days. A minimum of \$_____ will be charged for the cleaning of your hideaway, if cleaning of your hideaways exceeds the minimum charged, the difference will be deducted from your Security Refund.

In the event you need to cancel your reservation, you will receive a full refund minus a \$95.00 rebooking fee if the cancellation is made at least 90 days prior to your scheduled arrival. Cancellations made less than 90 days prior to your scheduled arrival will not result in a refund unless we are able to re-book the property for the same scheduled period you have reserved; a \$95.00 re-booking fee will be assessed prior to any refund.

Failure to adhere to the policies as outlined in this Guest Agreement and Guest Reminders provided in your Hideaway will result in forfeiture of your deposits and reservation monies as liquidated damages and will also require your immediate departure from the residence. If for any reason litigation is required, all associated fees will be at the expense of the Guest(s) renting said property.

Special Requests: _____

Complimentary beverage, please circle preference: Red Wine White Wine Lemonade Bottled Water Apple Cider

Please list the names of guests requesting reservations and the ages of any guest under 18, including expected visitors (use reverse side if necessary). Please note that you must inform the office of ALL visitors. If you have unexpected visitors, then YOU MUST CALL to inform the office of their names (and ages if under 18). For any visitors, please specify if their visit will be day or overnight. Failure to inform Coastal Hideaways of any visitors may result in forfeiture of deposits or other actions.

Please complete the fields below; information will be used solely by Coastal Hideaways and will remain confidential.

(* = Minimum Required Entry)

*Home address: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax Number: _____ Email Address: _____

*Drivers License Number: _____ *State: _____ *Expiration Date: _____

Signature below acknowledges reservations and policies as outlined herein.

SIGNED & DATED: _____ SIGNED & DATED: _____
Guest(s) Coastal Hideaways

Signed contracts must be faxed to Coastal Hideaways within 24 hours of receipt in order to secure reservation. For deposits and advance reservation payment, please make checks, cashiers checks, or money orders payable to Coastal Hideaways and remit with completed Guest Agreement to the address below. Thank you for choosing Coastal Hideaways.

Coastal Hideaways

Reservations and guests services

14 W. Micheltoarena St, Santa Barbara, CA. 93101

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Email: coastalhideaways@aol.com

Website: www.coastalhideaways.com