



SPRING MOUNTAIN RANCH

HOMEOWNER'S ASSOCIATION Ranch House Reservation Form

Event Date: April 10, '18 Set up Time: 10:45 End Time: 2:30

Property Owner Name: Wanda Hallock

Phone Number: 634-7049 SMR Address: 1013 Fireweed Dr

Mailing Address: P.O. Box 1024, McCall, Id.

Event Description: Progressive Club Meeting

Kitchen: Yes No Caterer: Yes No Alcohol: Yes No

Caterer Name/Phone #: N/A

Usage Fee/Deposit: Payment is required when reservation is made.

Group of 25 or less - \$100.00 usage fee plus \$250.00 refundable deposit.

Check #: _____

Group of 26 - 75 - \$200.00 usage fee plus \$500.00 refundable deposit.

Check #: _____

It is understood by the undersigned that they will be responsible for the Spring Mountain Ranch House Facility during the event, set up and clean up of the event. It is further understood that they are responsible for all clean up including the kitchen. The facility must be in order by 7:30 am the following day. It is further understood that the maximum occupancy load for the Ranch House is 75 people. Failure to follow the above requirements will result in forfeiture of your deposit.

Lessee Signature: Wanda Hallock

Accommodation Services Agent: _____