

WINNEBAGO COUNTY CONSERVATION BOARD
THORPE PARK CABIN RENTAL - RESERVATION REQUEST AND RESPONSIBILITY AGREEMENT
34496 110th Avenue, Forest City, IA, 50436 (Cabin Address)
41600 Highway 69, Leland, IA, 50453 (Office Address)
641-567-3390 (After Hours 319-230-3224)
You must be 21 years of age to rent a cabin

Arrival Date _____ Departure Date _____ *Pets? ____ Yes ____ No

of Nights _____ Date of Application _____ # of Occupants (maximum 6) _____

Name of representative _____

Address, City, State, Zip Code _____

Ph: (home) _____ Work _____ Cell _____

Vehicle License Plate No. _____ Driver's License No. _____ Email _____

Undersigned, hereby makes application to rent a family cabin at Thorpe Park for the listed dates, and hereby makes payment of a **non-refundable** rental fee of \$61.00/night (Sun-Thurs) & \$77.00/night (Fri., Sat. & holidays) incl. sales/lodging tax. **There is a two-night minimum stay requirement on weekends (Fri. & Sat.) and a three-night minimum for holidays.** Rent for seven (7) nights and get one free. **Payment due at the time of the reservation by credit/debit card or received within 7 days if to be paid by check.** Checks should be payable to the Winnebago County Conservation Board and a \$2.00 convenience fee applies to card payments. I agree to be financially responsible for any damages done to WCCB property during our stay by ourselves or our guests. Failure to clean up the facility and surrounding area will result in future rentals being denied. I further agree to accept responsibility stated in the "Cabin Rental Policy" and to abide by all state, county, and WCCB rules and regulations. Failure to comply with any cabin or park rules may result in fines and suspension of park privileges. Maximum Occupancy: Six people. **Check-in time is 3:00 P.M. Check-out time is 11:00 A.M.** No keg beer is allowed. Smoking is not allowed inside the cabins. There is a separate pet fee of \$25.00/stay, paid with the reservation (two pet maximum). If not paid with the reservation, pets are prohibited. You agree to be financially responsible for any damages caused by your pet.

If paying by card, please enter payment information below:

Card Number _____ Expiration Date _____ Month _____ Year _____

3 Digit CVV _____

Signature - Authorized Group Representative

Official Use Only

Number of nights (Sun. – Thur.) _____ @ \$61.00 per night **taxes & fees included** = \$ _____ **Pet fee \$** _____

Number of nights (Fri., Sat., Holiday) _____ @ 77.00 per night **taxes & fees included** = \$ _____

Total Due

Rental Fee \$ _____ Convenience Fee \$ _____ Total Paid _____ Date Received _____

INSPECTION REPORT: Inspected By _____ Date/Time _____

General Condition: _____