

WINNEBAGO COUNTY CONSERVATION BOARD
34496 110th Avenue
Forest City, Iowa 50436
641-565-3390 Toll Free: 888-841-8580 (After Hours 641-590-3054)
THORPE PARK CABIN RENTAL - RESERVATION REQUEST AND RESPONSIBILITY AGREEMENT
You must be 21 years of age to rent a cabin

Arrival Date _____ Departure Date _____

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

Name of representative _____

Address _____

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, plus damage deposit of **\$200.00**. 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**. Money orders will not be accepted for deposits. Checks for the rental fee and refundable damage deposit must be written **separately** to expedite return of your deposit. **Checks must be made payable to the Winnebago County Conservation Board. Your reservation will be cancelled if we have not received rental and deposit payments within 14 days of reserving a cabin.**

I agree to be responsible for any damages done to WCCB property during our stay by ourselves or our guests. I agree the damage deposit may be applied by the WCCB to wholly or partially satisfy any damages caused by members of said group while using these facilities. Failure to clean up the facility and surrounding area may also result in forfeiture of all or part of the deposit. I also agree to assume responsibility for any damage over and above the deposit amount.

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, forfeiture of deposit, and suspension of park privileges.

Maximum Occupancy: Six (6) people **Check-out time: 11:00 A.M. Check-in time: 3:00 P.M.**

Alcohol Use: No beer in keg or any other container larger than one quart is allowed

Smoking & pets are not allowed inside the cabins

No Swimming is allowed in Lake Catherine.

Signature - Authorized Group Representative

Official Use Only

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

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

Total Due

Rental Fee \$ _____ Date Received _____ Security Deposit **\$200.00** Date Received _____

INSPECTION REPORT: Inspected By _____ Date/Time _____

General Condition: _____

Deposit Returned (Date) _____