

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. 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**. **Check must be made payable to the Winnebago County Conservation Board. Your reservation will be cancelled if we have not received rental payment 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. Failure to clean up the facility and surrounding area may also result in additional charges.

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 (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.

Credit/Debit Card Payment is accepted (**convenience fees apply**): 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** = \$ _____

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: _____