

Sabatini's Villas

Room Agreement

Date of Arrival: _____

Date of Departure: _____

Weekly Rate for Room: \$840.00 + tax (Saturday – Friday) \$ _____

Weekly Rate for Room: \$980.00 + tax (Friday – Friday) \$ _____

Tax Amount (12%): \$ _____ (Sales Tax 8% & Bed Tax 4%)

Total Amount Due: \$ _____

Deposit: \$ _____ 50% Non Refundable Amount Due

Balance Due: \$ _____

Sabatini's Villas Policy:

I understand that I take full responsibility for the above room(s). All Rooms are GUARANTEED at time reservation is processed. Once the 50% non refundable deposit is processed, the room(s) becomes guaranteed and any cancellation on the customer's part will result in the deposit being forfeited and a full room charge will be applied to the cardholder's card. Our weekly rate includes: a four cubic foot refrigerator, hair dryer, coffee maker, cable television and air conditioning. Housekeeping services daily. Check in is after 3pm.

1-800-327-6790 / Ext #338

We accept: Visa, MasterCard and American Express.

Card Number: _____

Expiration Date: _____ / _____ (MM/YY) Security Code #: _____

I would like to pay 50% of the total weekly stay: \$ _____

Signature: _____ Date: _____

(I agree to the Sabatini's Lodge Policy and please charge my credit card 50 % based on this agreement.)

Name: _____

Address: _____ City: _____ State _____

Zip Code: _____ Telephone#: _____

Email: _____ Fax#: _____

Team Name: _____

Note: This room agreement does not guarantee you a room. Once your 50% deposit has been processed and you have a confirmation letter, your room is guaranteed. Please fax this agreement back to (607) 432-1076 or email it to hotel@cooperstownallstarvillage.com. Taxes are subject to change. No pets allowed. All Rooms are Smoke Free. A \$250 Charge will be assessed to your card if you smoke in room.