

# 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](mailto: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.**