



Box 297, 5201 Sunset Drive  
 Alberta Beach, Alberta  
 ToE oAo

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 sunsetpointcaretaker@gmail.com  
 www.sunsetpointcamp.com

### DAILY CABIN RENTAL

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Cabin#: \_\_\_\_\_

Renters Name: \_\_\_\_\_ Adult: \_\_\_\_\_ Children: \_\_\_\_\_ Pets: \_\_\_\_\_

Vehicle model: \_\_\_\_\_ Color: \_\_\_\_\_ License No. \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax No. \_\_\_\_\_ Cell 1: \_\_\_\_\_ Cell 2: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ P.C. \_\_\_\_\_

My home church is or I was invited by \_\_\_\_\_

The site is designated for parents and their dependents. Any extra people must pay an additional charge/person/night. Calculate total charge:

Rate/night = \$ \_\_\_\_\_  
 Number of extra people \_\_\_\_ x \$5each = \$ \_\_\_\_\_  
 Total Rate / night = \$ \_\_\_\_\_ x number of nights \_\_\_\_\_ = Total \$ \_\_\_\_\_.

To confirm booking the first day/nights nonrefundable fee must be paid in advance as a deposit Amount \$ \_\_\_\_\_

Paid by Cheque#: \_\_\_\_\_ Debit E-Transfer MasterCard Visa Card #: \_\_\_\_\_

Name of Card Holder \_\_\_\_\_ Expiry Date \_\_\_\_\_

Note: The **E-Transfer email is for payment only** all correspondence or contract are to be sent to the camp email.  
 Please send your e-Transfer to: [spccfpayment@gmail.com](mailto:spccfpayment@gmail.com) – question: **What is the name of the camp** – answer: **Sunset**.

Unless otherwise arranged check in time is 6:00PM and **check out time is 11:00 AM**.

We have read the "Sunset Point General Camp Rules" and will abide by the same.

We, the Renter, will not hold the Sunset Point Christian Camp Foundation (SPCCF) responsible for any medical or personal injury or any other loss or damage and therefore waive any and all claims against, SPCCF, or its agents, employees, contractors, lessees, or assigns, and we will indemnify any or all of the above persons from any and all direct or indirect losses, claims, damages, or expenses suffered, resulting directly or indirectly from our rental or use of the Facility(ies) and our related activities, whether due to the negligence of said persons or otherwise. We acknowledge that it is our responsibility to ensure that we and our participants are insured against personal injury, loss, property damage, or any other loss or damage that might be incurred by our participants or camper(s). In the event of any injury or illness, we authorize SPCCF personnel, staff or designate to seek and obtain such emergency or medical services for our camper(s) as may be deemed necessary at the time. If conflict arises we agree that the SPCCF has the right to cancel this contract and ask the renter to leave and or remove their RV from the property.

I have read and agree to the conditions as stated above \_\_\_\_\_  
 Renter's Signature \_\_\_\_\_ Date \_\_\_\_\_

Return a copy of the Rental Contract with Reservation Deposit to address listed on top of page.

Accepted by SPCCF Representative: \_\_\_\_\_  
 Signature \_\_\_\_\_