



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

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 sunsetpointcaretaker@gmail.com
 www.sunsetpointcamp.com

DAILY ELIM LODGE SUITE RENTAL

Arrival Date: _____ Departure Date: _____ Suite#: _____
 Renters Name: _____ Adult: _____ Children: _____
 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 _____
 Calculate total charge:

Rate/night = \$ _____
 Cot \$10 /night = \$ _____
 Small Fridge \$5/night = \$ _____
 Total Rate / night = \$ _____ x number of nights _____ = Total \$ _____.

To confirm booking the first day/nights non-refundable 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 – 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 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