

We are renting the week of:

Date In: _____

Date Out: _____

Name: _____

Address: _____

City: _____

State & Zip _____

Phone / Cell: _____

Email: _____

Please list all persons who will be staying in our cottage

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

2:00 PM check in time, 11:00 Am Check out

Owners will not be held responsible or liable for any accidents or injuries to renters and their parties during their stay on the cottage property.

Signature(s) _____

of Renter(s) _____

Please mail this form, along with your \$50.00 deposit to:

**Barb Barborich
4689 Beach Lane
Wabeno, WI 54566-9291**