Room Rental Agreement

Fill out the information belo	<u>ow</u> :		
Last Name (s):	First Name (s)		
Number of People:			
Address: (street)			
(city)	(st	tate) (zip)	
Phone Number:			
Yehicle info:			
Make:	Model: _		
Color:	Year:		
		Use the back for addition	nal vehicles
License Plate Number		State	
Arrival Date:	Departure Date:	Room:	
The credit card you provided room, by signing below you a	agree to these terms and	conditions.	
	Non-Smoking Ag	reement	
As of July 2010, Wisconsin S Because I am / we are renting I / we cannot smoke inside ou law, I / we agree to pay the readditional cleaning, and repair the burning of incense, candle violated in any way, it will be the ability to rent a room from	g a room at Valley View our room or any buildings, equired fine of \$100.00 to ir costs. Furthermore, Vales, e-cigarettes, vap pense up to the Board of Direction.	Recreation Club, I/we use. If I/we are caught vio Valley View Recreation alley View Recreation Club, or any other burning devictor's discretion, as to the	nderstand that iolating this state Club, plus ib does not allow rice. If this is
First Signature:			Oate:
Second Signature:		Γ)ate: