

APPLICATION FOR USE AGREEMENT

Type of function: _____ Date of event: _____
Organization: _____

Billing:

Estimated total cost of booking: \$ _____
Deposit amount required (50 % of total estimate): \$ _____

Deposit: enclosed _____ to be forwarded _____ Cheque # _____ PO # _____

Contact person: _____
Address: _____
_____ Phone: (_____) _____

Send invoice to: _____ above, or: _____
_____ Phone: (_____) _____

Signature: _____ Date: _____
Approved by: _____ Date: _____

THIS BOOKING REQUIRES A 12 WEEK CANCELLATION NOTICE FOR FULL REFUND

- ** Please make cheques payable to Hitchcock's Hideaway.
- ** Hitchcock's Hideaway Policies are outlined on the reverse side of Application Agreement Form.
- ** If a deposit is not received and cancellation occurs within the six weeks prior to the booking dates, 50 % of the estimated cost of the booking will be automatically invoiced.
- ** Payment is due upon receipt of the invoice

Hitchcock's Hideaway
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