## Christopher's Annex

## Room Agreement

Date of Arrival:		
Date of Departure:		
Number of Rooms:		
Weekly Rate for Room: \$840.00 + ta	x (Saturday – Friday) \$	
Weekly Rate for Room: \$980.00 + ta	x (Friday – Friday) \$	
Tax Amount (12%): \$	(Sales T	Tax 8% & Bed Tax 4%)
Total Amount Due: \$		
Deposit: \$	50% Non Re	efundable Amount Due
Balance Due: \$		
	Christopher's Annex Polic	ey:
	onditioning. Housekeeping se 1-800-327-6790 / Ext #3	cubic foot refrigerator, hair dryer, coffee maker, ervices daily. Check in is after 3 pm.
Card Number:		
Expiration Date:/	(MM/YY)	) Security Code #:
I would like to pay 50% of the total w	veekly stay: \$	
Signature:	Date:	
(I agree to the Sabatini's Villa Policy and ple	ease charge my credit card 50 % b	pased on this agreement.)
Name:		
Address:		
Zip Code:	Telephone#:	
Email:	Fax#:	
Team Name:		

Note: This room agreement does not guarantee you a room. Once your 50% deposit has been processed and you have a confirmation letter, your room is guaranteed. Please fax this agreement back to (607) 432-1076. Taxes are subject to change. No pets allowed. All Rooms are Smoke Free. A \$250 Charge will be assessed to your card if you smoke in room.