



RESERVATION REQUEST

The Vineyard Christian Retreat & Conference Center
245 County Road 131 - Ariton, AL 36311
(334) 762-2256 - info@vineyardretreat.org
www.vineyardretreat.org

It is agreed and understood that the purpose of this document is to request reservations for use of The Vineyard Christian Retreat & Conference Center facilities. It is important that this request be returned to The Vineyard Reservation Office at the earliest possible date. **PLEASE NOTE: You are not reserved until this completed contract and deposit are received at The Vineyard.** Exclusive use of facilities may be granted to groups larger than 80 for 3 or more nights.

Confirmation:

Please confirm the number in your group within a few days prior to the arrival date, and keep The Vineyard informed as to any changes.

Lodging Fee:

\$22.00 per person per night for less than three nights (minimum fee requirement applies)

\$19.00 per person per night for three or more nights (minimum fee requirement applies)

Meal Charge:

Meals prepared by the Vineyard staff cost \$6.25 per person per meal. You may prepare your own meals.

Cleaning Fee:

\$1.50 per person will be applied for cleaning.

Deposit:

A deposit of \$200.00 is required to secure your reservation. The deposit will be applied toward the cost of repairing any damages to or cleaning any unnecessary littering of The Vineyard buildings, grounds, or equipment caused by your group. The remaining portion of the deposit, if any, will then be applied toward the amount of your final bill.

Cancellations:

If you cancel after you are reserved, you will forfeit your deposit.

In the event that The Vineyard cancels your reservation, your deposit will be fully refunded.

Postponements:

You may carry your deposit for 365 days from the start date of your reservation. Postponements beyond 365 days will forfeit your deposit and another deposit will be required to reschedule.

By your signature below, you acknowledge that you agree to the terms and conditions stated herein, and that your group understands and will abide by The Leader Agreement.

Name of your organization: _____ Date(s) you are requesting: _____

Signed by: _____ On: _____
Official Representative Date