



**The Regency Inn**  
**4045 East Van Buren**  
**Eureka Springs, AR 72632**  
**PHONE-(479) 253-5959 FAX-(479)253-6019**

Thank you for choosing The Regency Inn Motel of Eureka Springs, AR for your upcoming lodging needs. Subject to receipt of this signed contract, initial deposit, and availability, we are pleased to confirm the date of the following arrangements as definite.

<b>Group Name</b>				<b>Contact Person</b>			
<b>Phone Number</b>				<b>Fax Number</b>			
<b>Address</b> <b>City, State, ZIP</b>							
<b>Arrival Date</b>				<b>Departure Date</b>			
<b>Room Types</b>		1-queen bed	Smk _____ Non _____	2 full Beds	Smk _____ Non _____	Check in - 02:00PM Check out - 11:00 AM	
<input type="checkbox"/> Flat rate		<input checked="" type="checkbox"/> Rate is flat for 1-4 people /room including children. _____ initial					
<input type="checkbox"/> Double OCC rate		<input checked="" type="checkbox"/> Rate is for only two/room, additional person is \$5ea. to a max of 4/room _____ initial (Rollaway bed is \$10/night when available)					
<b>1 queen bed @</b>		_____ + Tax /room		<b>X # of rms</b> _____		= \$ _____	
<b>2 double beds @</b>		_____ + Tax /room		<b>X # of rms</b> _____		= \$ _____	
<b>CC # _____, EXP _____, 3 dgt sec code _____</b>						= \$ _____ Total with tax	



**VERY IMPORTANT INFORMATION, PLEASE CAREFULLY REVIEW AND SIGN BY 'X'**

Children's rate valid only when accompanied by two adults paying double occupancy rate. Contact person is responsible for all payments, orderly conduct and for any other charges incurred by group members. Quoted rates reflect a group rate; any other discounts or offers do not apply. To book rooms, a signed copy of this contract along with a \$100 **non refundable** fee is required. Any changes in arrival date, number of people, number of rooms, length of stay, etc. may change your rate. Bookings are automatically canceled if the deposits do not arrive by the due date. PLEASE NO PETS ON PREMISES and NO SMOKING in a non-smoking room. There is a \$100 penalty for each violation. Please review the following cancellation section carefully. Ground floor rooms **ARE NOT** guaranteed.

**Cancellation** – charges are calculated using the following format. Numbers of days are from the day of arrival.

<b>31 or more days---\$100.00 Administrative fee is charged.</b>	<b>19- 10 days --- \$ 100.00 admin + 40 % of total amount is charged.</b>
<b>30-25 days --- \$100.00 fee + 25% of total amount is charged</b>	<b>09 - 07 days --- \$100.00 Admin + Forfeit all Deposits</b>
<b>24-20 days -- \$ 100.00 fee + 30 % of total amount is charged.</b>	<b>06-01 days &amp; NO SHOW -- Liable for Total amount, Hotel's discretion.</b>



I / we, have read, fully understand and agree to above rules and terms and agree to pay the innkeeper for all charges including cancellation charges as mentioned above. **X:**

Deposit Date:	<b>1<sup>st</sup> \$100 booking fee:</b> <b>ASAP</b>	Received - _____ TRAN # _____ CHK # _____	Cancellation Date: see cancellation section above	
	<b>2<sup>nd</sup> deposit:</b> _____ (50%) – <b>Must arrive 45 days prior to arrival</b>		Balance due on arrival: \$ _____ (cash, CC or bank check )	Balance Received _____ Tran # _____ Chk # _____ Cash _____
2 <sup>nd</sup> Deposit amount: \$ _____		Received - _____ Tran # _____ CHK # _____		

**NOTE:** It is customary in our industry to send out quotes and contracts to all interested parties. First one to send deposit will be eligible for Rooms. All subsequently received contracts will book based on availability or we will return your deposit.

**ACCEPTANCE:** I have read, understand, and agree to the aforementioned terms and conditions of this contract and now consider our function definite. I/We agree to pay the lodging operator for all charges as mentioned above.



Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name: \_\_\_\_\_

Office use only