

Black Mountain Preserve Retreat & Conference Center
(managed by Padmasambhava Peace Institute)

GROUP EVENT RENTAL AGREEMENT Part II
(please complete and send to BMP to arrive 14 days before event)

Group Name: _____ Contact Person: _____
 Event Dates and Name: _____

| 1) ACCOMMODATION & MEETING ROOMS | | | |
|---|---------------|-------------------------------------|----|
| Final Estimate of Numbers | | | |
| <i>(This information is needed for bed configurations)</i> | No. of people | From | To |
| Tara House Suite (max 2 adults + child) | | | |
| Tara House Private Rooms (max. 16 people) _____ single occupancy _____ double occupancy, 2 twin beds _____ double occupancy, 1 double bed | | | |
| Manzanita Rooms (max. 87 people) _____ single women: ___ using BMP linens, ___ own linen. _____ single men: ___ using BMP linens, ___ own linens. _____ couples: ___ using BMP linens, ___ own linens. _____ children (ages ___ - ___): ___ BMP linens, ___ own. | | | |
| Live Oak Conference Room (max. 100) | | | |
| Redwoods Meeting Room (max. 30) | | | |
| Tara House -- Living Room Only | | | |
| 2) CATERING | | | |
| Date and time of group's first meal: | | Date and time of group's last meal: | |
| <i>Please discuss with BMP staff details of any early arrivals, and note on page 3, part b)/d)</i> | | | |
| Optional Extras: (details as discussed with BMP reservations staff) | | | |
| Welcome snack buffet: _____ | | | |
| Birthday cake: _____ | | | |
| Special event: _____ | | | |
| PLEASE COMPLETE LIST ON PAGE 4 FOR DETAILS OF VEGAN NUMBERS, ALLERGIES OR MEDICAL CONDITIONS REQUIRING SPECIAL DIETS. | | | |

3) RENTAL ITEMS & SERVICES

Some items may require extra security deposit. For enquiries or further information, please call/email BMP.

(✓ if required)

| | | | |
|--|--|---------|-----|
| Public Address System -- \$10/day | | From: | to: |
| Television and VCR -- \$10/day | | From: | to: |
| Selection of vases -- \$20/event | | From: | to: |
| Tablecloths -- \$20/event | | From: | to: |
| Puja benches -- \$20/event | | From: | to: |
| Audio/video recording equipment, subject to availability -- \$negotiable | | From: | to: |
| Camp-fire set-up and wood supply – going rates (please check with staff) | | Date/s: | |

4) SHOPPING ASSISTANCE

As per agreement between BMP and group organizer, BMP staff will arrange for the advance purchase of the following: (attach list as necessary)

5) MEDICAL/MOBILITY ISSUES

In case of emergency or evacuation, BMP staff need to know who is mobility-impaired and where they are staying. Please list any such guests here, and on arrival inform us of their room number. All details are kept strictly confidential.

6) NIGHT-TIME GROUP CONTACT PERSON (required)

The person responsible for meeting the group’s late-night arrivals at BMP and acting as nighttime emergency contact person is _____. He/she will arrive on time to become familiar with the property layout, when necessary will remain on duty to receive guests arriving after 8pm, and will introduce him/herself to group members on the first day of the event. He/she is staying in room _____.

CALCULATION OF CHARGES

ACCOMMODATIONS PER DAY

Tara House private rooms single occupancy people @ \$ _____ = \$ _____
Tara House private rooms double occupancy people @ \$ _____ = \$ _____
Tara House suite people @ \$ _____ = \$ _____
Manzanita Rooms..... people bringing own linens @ \$ _____ = \$ _____
Manzanita Rooms people using BMP linens @ \$ _____ = \$ _____

ACCOMMODATIONS SUBTOTAL PER DAY: \$ _____

ACCOMMODATIONS ETC FOR WHOLE EVENT

a) Accommodations subtotal for whole event..... days x \$ _____ = \$ _____

b) Charges for guests not attending full event, or staying extra days:

Tara House private rooms ... _____ = \$ _____
Manzanita rooms ... _____ = \$ _____

c) Meeting spaces daily charge as per website rates \$ _____ x _____ days = \$ _____

d) Other charges, eg service or rental items: *(details)* _____

_____ = \$ _____

TOTALS FOR WHOLE EVENT, MINUS RESERVATION DEPOSIT

TOTAL of a) + b) + c) + d) = \$ _____
MINUS reservation already paid -- \$ _____
EQUALS BALANCE DUE OF \$ _____

Please find enclosed check # _____ for \$ _____, payable to 'PPI'.

(For credit card payment, please call us on 707 632 5629).

Received with thanks by Black Mountain Preserve Retreat & Conference Center

Name: _____ Signature: _____
Date: _____

Copy made by BMP and returned to _____ on / /

Please fax this Rental Agreement to (707) 632 5324 or mail to Black Mountain Preserve Retreat & Conference Center, 23125 Fort Ross Road, Cazadero, CA 95421.

BMP is managed by the Padmasambhava Peace Institute, a 501(c)(3) educational organization.

APPENDIX – SPECIAL DIETS

Please see section 6 of our 'Terms & Policies' regarding catering, surcharges and special diets.

VEGETARIAN GROUP -- Number of vegans: _____

NON-VEGETARIAN GROUP -- Number of vegetarians: _____ Number of vegans: _____

SPECIAL DIETARY RESTRICTIONS: (We regret that we cannot cater to diets based on personal preference, only those based on allergies or medical conditions)

Please give person's **full name** and **condition/allergy**, eg diabetic, nightshade, gluten etc

1) Name: _____

2) Name: _____

3) Name: _____

4) Name: _____

5) Name: _____

6) Name: _____

7) Name: _____

8) Name: _____