

Black Mountain Preserve Retreat 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. 18 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. 40)			
Tara House -- Living Room Only (max 10)			
Tara House Kitchen (seats 12 around the table)			
2) CATERING AND CHECK-IN/CHECK-OUT			
Date and time of group's first meal:	Date and time of group's last meal:		
Group check-in time:	Group check-out time:		
<i>Please attach a <u>schedule for your program</u>, including info about any early arrivals/set-up.</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. Please call/email BMP for more info.

(✓ if required)

Public Address System -- \$10/day		From:	to:
Television and VCR -- \$10/day		From:	to:
Puja benches -- \$20/event		From:	to:
Audio/video equipment, subject to availability -- \$ to be arranged. Ask to speak to Mark beforehand.		From:	to:
Camp-fire set-up and wood supply – going rates (please check with staff)		Date/s:	

4) 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.

5) 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 @ \$ /day = \$
Tara House private rooms double occupancy people @ \$ /day = \$
Tara House suite (max 2 adults + 1 child) @ published room rate \$ /day = \$
Manzanita Rooms..... people bringing own linens @ \$ /day = \$
Manzanita Rooms people using BMP linens @ \$ /day = \$
ACCOMMODATIONS SUBTOTAL PER DAY: \$

CHARGES 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 (single occupancy) ___ days @ \$ = \$
Tara House private rooms (double occupancy) ___ days @ \$ = \$
Manzanita rooms (no linens) ___ days @ \$ = \$
Manzanita rooms (w linens) ___ days @ \$ = \$
c) Meeting spaces:
Live Oak ___ days @ \$ = \$
Redwood ___ days @ \$ = \$
other ___ days @ \$ = \$
d) Other charges, eg rental items: _____ = \$

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 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 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: # of ovo-lacto vegetarians _____ # of vegans: _____

NON-VEG. GROUP: # of meat-eaters _____ # of ovo-lacto veg.: _____ # 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: _____