

kisercabinsdavis@gmail.com

ROOM	NAME	
ADDRESS		
CITY	STATE	ZIP CODE
PHONE	VISA OR MASTERCARD	
<input type="checkbox"/>	(I accept the no refund policy upon giving credit card number)	
CARD NUMBER	EXP.DATE	
CVC	AUTH CODE	
DRIVER LICENSE NUMBER	STATE	
CAR LICENSE	STATE	
MAKE OF CAR	MODEL	YEAR
EMAIL		

NOTICE TO GUEST: This property is privately owned and the managements reserves the right to refuse service to anyone and will not be responsible for accident or injury's to guest or for loss of money, jewelry or valuables of any kind.

DATE OF ARRIVAL _____ **DATE OF DEPARTURE** _____ **RATES** _____

CHECK OUT TIME: 11:00AM – AFTER 11:00AM THERE WILL BE AN ADDITIONAL 1 DAY CHARGE

K1 SLEEPS 8 MAX K2 SLEEPS 6 MAX LOG SLEEPS 4 TINY CABIN SLEEPS 2
K4 SLEEPS 6 MAX K5 SLEEPS 10 MAX K6 SLEEPS 10 MAX

**THE NUMBER OF OCCUPANTS
DOES INCLUDE CHILDREN**

“ALL” person staying in this cabin **“MUST BE”** registered with the **KISER CABINS** and **PAID** for.

Any others are not allowed in this cabin, including **“DAY VISITORS”**.

Please do not leave furniture outside

No Pets

No campfires

No Tents

Grills are for charcoal only – Not wood.

DISREGARDING OUR REQUEST WILL RESULT IN BEING ASKED TO LEAVE WITH NO REFUND.

PLEASE LEAVE KEY ON TABLE UPON DEPARTURE.

YOUR RETURN IS INVITED.

WE HOPE YOU ENJOYED YOUR VISIT IN OUR AREA.

NO CALLS BEFORE 3PM ON DAY OF YOUR RESERVATION

X _____

(Guest Signature)

My signature indicates my acceptance of Kiser Cabins.

NO REFUND policy